



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

City/Town

WPA Form 1 - Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

A. General Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Applicant: JOHN TOMASZ JTOMASZ@TOWN.LYNNFIELD.MA.US

Name 55 SUMNER ST. E-Mail Address

Mailing Address LYNNFIELD, MA 01940

City/Town 781-334-9500 State Zip Code

Phone Number Fax Number (if applicable)

2. Representative (if any): LYNNFIELD DPW

Firm

Contact Name E-Mail Address

Mailing Address

City/Town State Zip Code

Phone Number Fax Number (if applicable)

B. Determinations

1. I request the Conservation Commission make the following determination(s). Check any that apply:

- a. whether the **area** depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.
- b. whether the **boundaries** of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.
- c. whether the **work** depicted on plan(s) referenced below is subject to the Wetlands Protection Act.
- d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction of any **municipal wetlands ordinance or bylaw** of:

Name of Municipality

- e. whether the following **scope of alternatives** is adequate for work in the Riverfront Area as depicted on referenced plan(s).

C. Project Description

1. a. Project Location (use maps and plans to identify the location of the area subject to this request):

35 SOUTH COMMON LYNNFIELD, MA
Street Address City/Town
29/274 0029-0000-0274
Assessors Map/Plat Number Parcel/Lot Number

- b. Area Description (use additional paper, if necessary):

RELATIVELY GRASSY AREA MAINTAINED BY THE DPW

- c. Plan and/or Map Reference(s):

WAR MEMORIAL ROUGH SKETCH LOCATION	04/01/22
Title	Date
SANITARY SYSTEM PLAN (HAYES)	09/07/19
Title	Date
Title	Date

2. a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):
-

C. Project Description (cont.)

- b. Identify provisions of the Wetlands Protection Act or regulations which may exempt the applicant from having to file a Notice of Intent for all or part of the described work (use additional paper, if necessary).

3. a. If this application is a Request for Determination of Scope of Alternatives for work in the Riverfront Area, indicate the one classification below that best describes the project.
- Single family house on a lot recorded on or before 8/1/96
 - Single family house on a lot recorded after 8/1/96
 - Expansion of an existing structure on a lot recorded after 8/1/96
 - Project, other than a single-family house or public project, where the applicant owned the lot before 8/7/96
 - New agriculture or aquaculture project
 - Public project where funds were appropriated prior to 8/7/96
 - Project on a lot shown on an approved, definitive subdivision plan where there is a recorded deed restriction limiting total alteration of the Riverfront Area for the entire subdivision
 - Residential subdivision; institutional, industrial, or commercial project
 - Municipal project
 - District, county, state, or federal government project
 - Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection.
- b. Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification above (use additional paper and/or attach appropriate documents, if necessary.)
-

D. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

I further certify that the property owner, if different from the applicant, and the appropriate DEP Regional Office were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the Conservation Commission.

Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

Name and address of the property owner:

JOHN TOMASZ

Name

55 SUMMER ST

Mailing Address

LYNNFIELD, MA 01950

City/Town

State

Zip Code

Signatures:

I also understand that notification of this Request will be placed in a local newspaper at my expense in accordance with Section 10.05(3)(b)(1) of the Wetlands Protection Act regulations.

Signature of Applicant



Date

3/20/22

Signature of Representative (if any)

Date

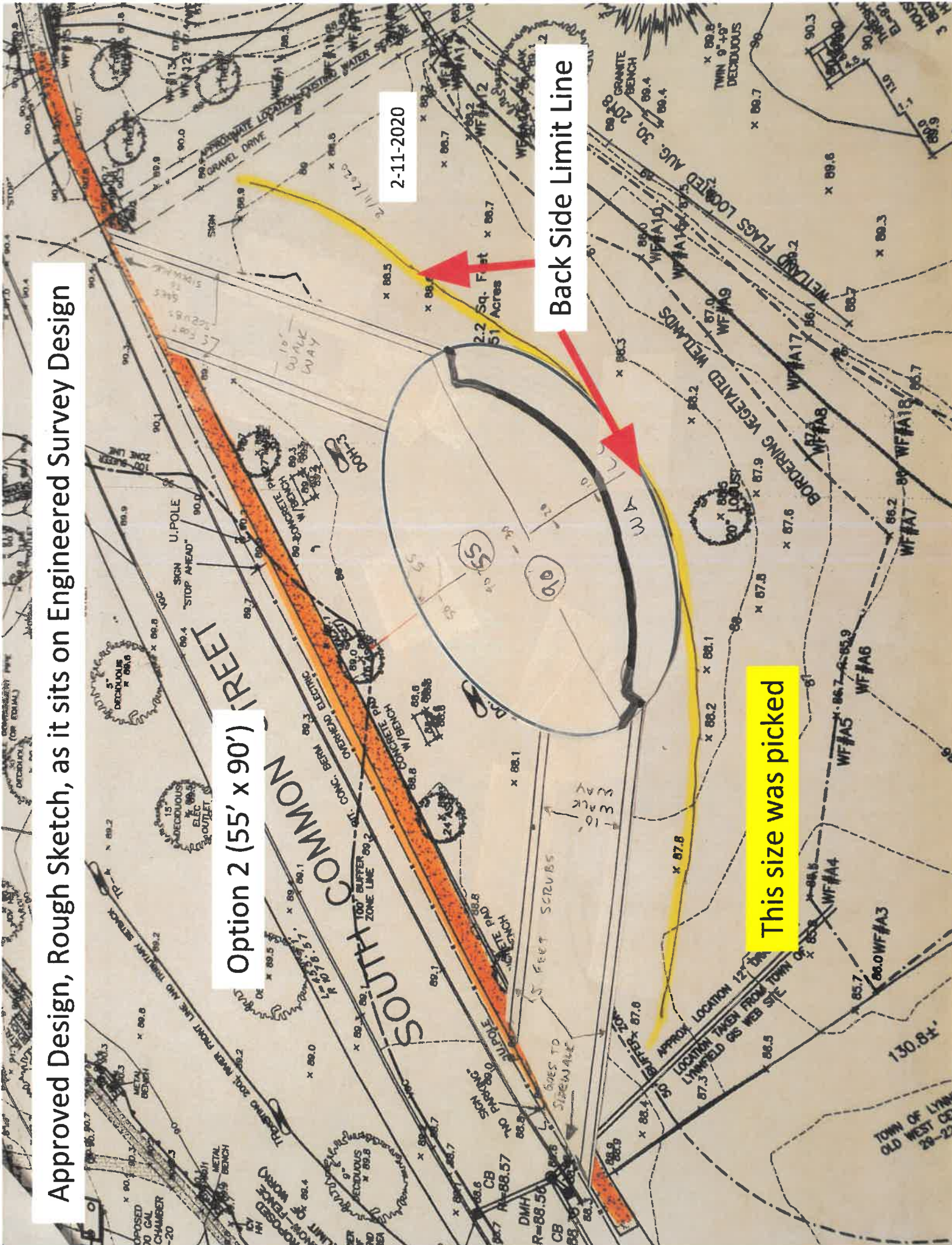
Approved Design, Rough Sketch, as it sits on Engineered Survey Design

Option 2 (55' x 90')

2-11-2020

Back Side Limit Line

This size was picked



Lynnfield War Memorial

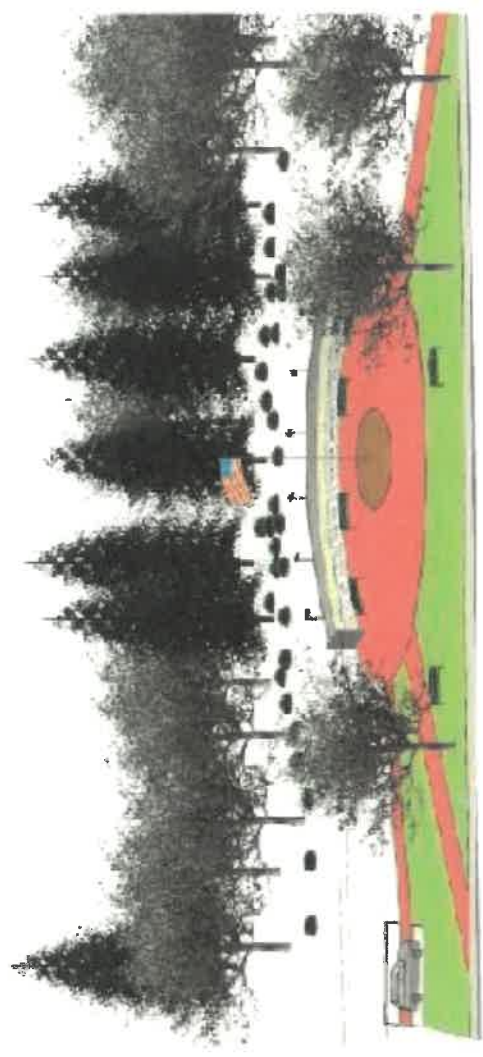
S. Common St
Lynnfield MA

8.3.21

Construction Drawings



Ramers Associates Inc.
Architecture & Interiors
74 Edmonson Ave Reading MA 0 307
T 017 618 4758
www.ramersinc.com



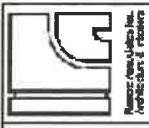
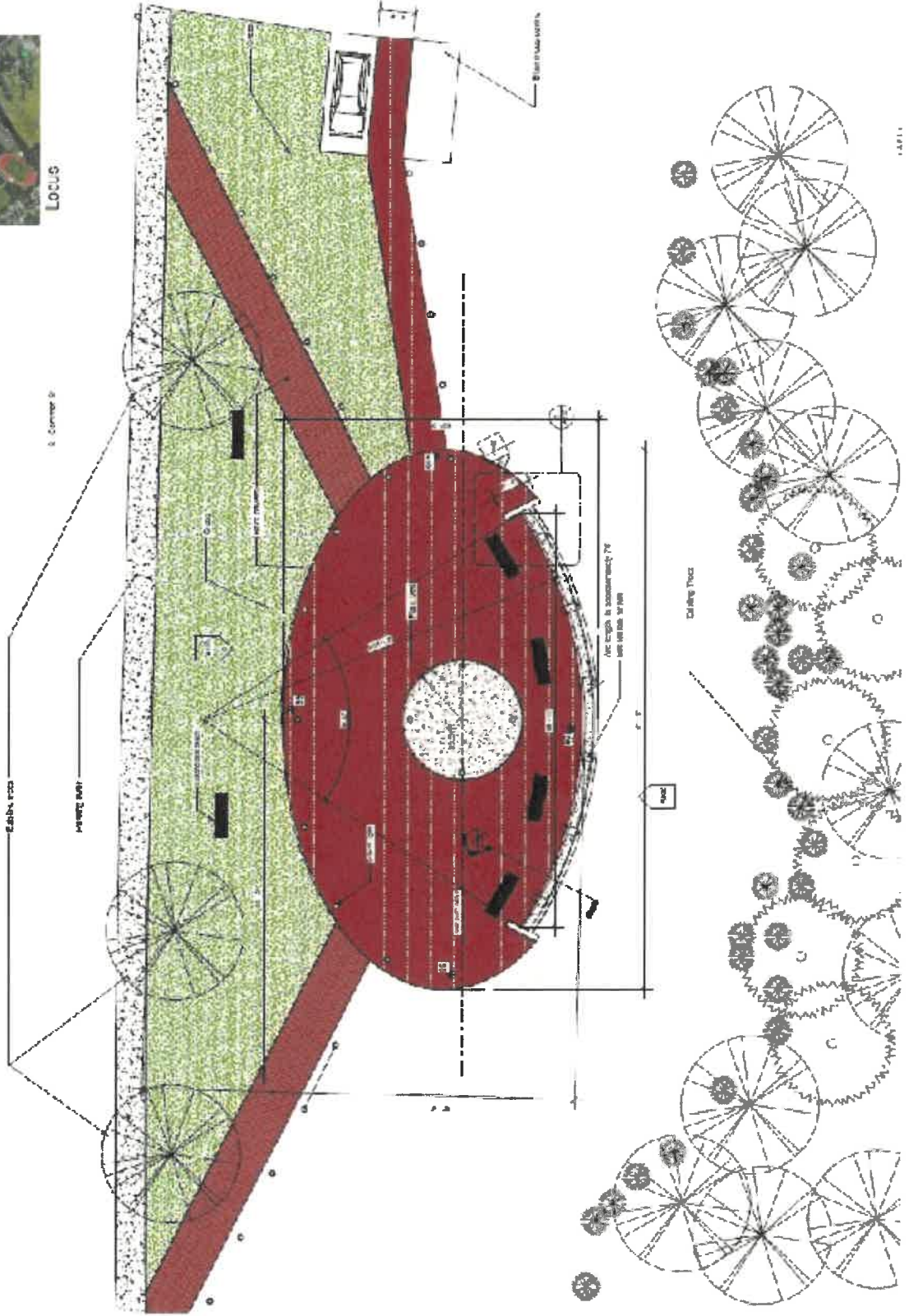
General Notes

- 1. All dimensions shall be in feet and inches.
- 2. All dimensions shall be in feet and inches.
- 3. All dimensions shall be in feet and inches.
- 4. All dimensions shall be in feet and inches.

DATE	DESCRIPTION
11/11/2020	ISSUE 01
11/11/2020	ISSUE 02
11/11/2020	ISSUE 03
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LOCUS



War Memorial Committee
 1000 Main Street
 Auckland, New Zealand
 Phone: 09 308 1234
 Fax: 09 308 1235
 Email: info@war-memorial.co.nz

CONSULTANTS
 [Name]

OWNER	War Memorial Committee
DESIGNED BY	[Name]
DATE	[Date]
SCALE	1:100
PROJECT NO.	[Number]

PROJECT
 Lynfield War Memorial



SCALE
 1:100

DATE
 [Date]

PROJECT NO.
 [Number]

OWNER
 War Memorial Committee

DESIGNED BY
 [Name]

DATE
 [Date]

SCALE
 1:100

PROJECT NO.
 [Number]

OWNER
 War Memorial Committee

DESIGNED BY
 [Name]

DATE
 [Date]

SCALE
 1:100

PROJECT NO.
 [Number]

OWNER
 War Memorial Committee

DESIGNED BY
 [Name]

DATE
 [Date]

SCALE
 1:100

PROJECT NO.
 [Number]

OWNER
 War Memorial Committee

DESIGNED BY
 [Name]

DATE
 [Date]

A101

CONSULTANTS
 [Name]