

310 CMR 10.99

DEP File No.

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(To be provided by DEP)

Form 1

City/Town SEEKONK
Applicant Mr. James Lopes

Commonwealth
of Massachusetts

**Request for a Determination of Applicability
Massachusetts Wetlands Protection Act, G.L. c. 131, §40**

1. I, the undersigned, hereby request that the SEEKONK Conservation Commission make a determination as to whether the area, described below, or work to be performed on said area, also described below, is subject to the jurisdiction of the Wetlands Protection Act, G.L. c. 131, §40.
2. The area is described as follows. (Use maps or plans, if necessary, to provide a description and the location of the area subject to this request.)

Location: Street Address 14 Jane Howland Drive

Lot Number: Assessor's Plat Map 1, Lot 227

A 1.35 acre residential property in Jane Howland Estates (see enclosed Plan).

3. The work in said area is described below. (Use additional paper, if necessary, to describe the proposed work.)

Mr. Lopes, the owner intends to construct a single family (3) bedroom home on the site. Sewage concerns will entail the use of an onsite individual sewer disposal system.

4. The owner(s) of the area, if not the person making this request, has been given written notification of this request on N/A (date)

The name(s) and address(es) of the owner(s):

Mr. Lopes is the owner of the site.

5. I have filed a complete copy of this request with the appropriate regional office of the Massachusetts Department of Environmental Protection September 28, 1994 (date)

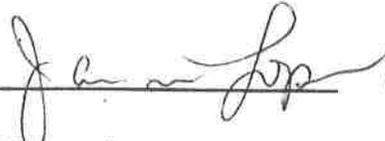
DEP Northeast Regional Office
10 Commerce Way
Woburn, MA 01801

DEP Southeast Regional Office
Lakeville Hospital
Route 105
Lakeville, MA 02347

DEP Central Regional Office
75 Grove Street
Worcester, MA 01605

DEP Western Regional Office
State House West, 4th Floor
436 Dwight Street
Springfield, MA 01103

6. I understand that notification of this request will be placed in a local newspaper at my expense in accordance with Section 10.5(3)(b) 1 of the regulations by the Conservation Commission and that I will be billed accordingly.

Signature  Name Mr. James M. Lopes

Address 79 Anthony Street Tel. (401) 438-9825
East Providence, RI 02914