

TOWN OF SEEKONK CONSERVATION COMMISSION  
GENERAL WETLANDS PROTECTION BYLAW

SEEKONK FORM 1 - REQUEST FOR DETERMINATION OF APPLICABILITY

(Please type or print clearly all the information requested on this form).

**A. GENERAL INFORMATION**

1. Applicant:

Name: EDWARD BRADY

Mailing Address: 10 ROSEMARIE DR.

City/Town: SEEKONK

State/Zip Code: MA, 02771

Phone: 508-336-9678

Fax: (if applicable) —

E-mail: (if applicable) —

2. Representative (if any):

Firm: OSD systems associates, Inc.

Contact: DEAN MONSEES

Mailing Address: 45 ASTRAC AV.

City/Town: RIVERSIDE

State/Zip Code: RI 02915

Phone: 401-438-6216

Fax: (if applicable) 401-438-7354

E-mail: (if applicable) OSDEA@AOL.COM

**B. DETERMINATIONS**

1. As the applicant, I, request that the Seekonk Conservation Commission make the determination(s):  
(check any that apply):

- a. whether the **area** depicted on plan(s) and/or maps(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.
- b. whether the **boundaries** of resource area(s) indicated and depicted on plan(s) and/or maps(s) referenced below are accurately delineated.
- c. whether the **work** described below and/or depicted on the plan referenced below is subject to the Seekonk Wetlands Protection Bylaw.
- d. the **scope of alternatives** to be considered for work (described below) that is located in the Riverfront Area.

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**C: PROJECT DESCRIPTION**

1. The project location is described as follows. (Use maps(s) and/or plan(s) to identify the location of the area subject to this request.)

a. Location Street Address: 10 ROSEMARIE DRIVE

Assessors Plat No. 6 Assessors Lot No. 332

b. Area description (use additional paper if necessary): ESTABLISHED HOUSING

COMMUNITY WITH AN ISOLATED VEGETATED WETLAND TO THE NORTH

c. Plan and/or map reference (list title and date): "SEWAGE DISPOSAL SYSTEM REPAIR PLAN" 5/13/04

2. The proposed work is described below. (If needed, provide plans(s) of work.)

a. Work Description (use additional paper, if necessary):

TO REPAIR THE EXISTING FAILED SEWAGE  
DISPOSAL SYSTEM

b. Exemptions. Identify provisions of the Seekonk Bylaw or Regulations that 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).

c. 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 home 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 projects.

\_\_\_ 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 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 documents, if necessary.

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#### D. SIGNATURES AND SUBMITTAL REQUIREMENTS

I hereby certify under the penalties of perjury that the foregoing Request for Determination 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, were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the 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 property owner:

Name: EDWARD BRADY

Mailing Address: 10 ROSEMARIE DRIVE

City/Town: SEEKONK

State/Zip Code: MA 02771

I also understand that notification of this Request will be placed in a local newspaper at my expense.

If the applicant is not the owner the owner must sign the following permission:

I also hereby grant the Conservation Commission or its agent permission to enter upon the subject property during normal working hours from (9:00 a.m. to 6:00 p.m.) without notice and to make and record any observations (including plant samples and minor soil boring, by hand auger or shovel) and take any photographs pertinent to this application.

Owners signature:  Date: 6/1/04