



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:

Name Steven Lawrence

E-Mail Address steve@stevelawrence.net

Mailing Address 11 Bayview Ave

City/Town Fairhaven

State MA

Zip Code 02719

Phone Number 603-320-3023

Fax Number (if applicable)

2. Representative (if any):

Firm Sangreal's Home Improvement, LLC

Contact Name Helen Chirigotis, Michael Machado E-Mail Address sangrealshomeimprovement@gmail.com

Mailing Address 240 Shaw St Apt. 3

City/Town New Bedford

State MA

Zip Code 02745

Phone Number 774-365-3477

Fax Number (if applicable)

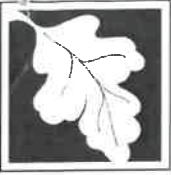
B. Determinations

1. I request the Fairhaven 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).



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C. Project Description

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

11 Bayview Ave
Street Address

Fairhaven
City/Town

Assessors Map/Plat Number

28A-483
Parcel/Lot Number

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

existing lawn

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

11 Bayview Ave
Title

7/28/25
Date

Title

Date

Title

Date

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

Installation of 7 Sono Tubes to support small expansion
of existing deck in area of existing lawn.



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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.)



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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:

Steren Lawrence

Name

11 Bayview Ave

Mailing Address

Fairhaven

City/Town

MA

State

02719

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.

Steren Lawrence

Signature of Applicant

Date

7/28/25

Signature of Representative (if any)

Date

*(this form must be completed and copies sent by certified mail
or hand delivery to all abutters within 100 feet of the property
where the project is located)*

1. The applicant's name is Steven Lawrence

- ☒ Request for Determination of Applicability
☐ Notice of Intent
☐ Request to Amend an existing Order of Conditions
☐ Notice of Resource Area Delineation

- 11 Bayview Ave, Fairhaven, MA.

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6. Applications will also be uploaded to www.fairhaven-ma.gov/conservation-commission/pages/current-filings. If you are unable to access or view the application electronically, please contact the Conservation Office at 508-979-4023, ext. 128.

- PLEASE NOTE:**

EASE NOTE: Since you are receiving this notice, you may have wetland resource areas or wetland buffers on your property. Therefore, construction, cutting, clearing, or grading may require a permit. For clarification or for more information, call the Conservation Agent at 508-979-4082 or visit our website.