



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 Marc Dionne E-Mail Address Marc.dionne.81@gmail.com
 Mailing Address 47 Bridge Street
 City/Town Fairhaven MA State MA Zip Code 02719
 Phone Number 774-930-2409 Fax Number (if applicable) _____

2. Representative (if any):

Firm _____ E-Mail Address _____
 Contact Name _____
 Mailing Address _____
 City/Town _____ State _____ Zip Code _____
 Phone Number _____ 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:

Fairhaven
 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):

47 Bridge Street Fairhaven
Street Address City/Town
11 058
Assessors Map/Plat Number Parcel/Lot Number

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

Backyard lawn

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

yard layout w/ sheet 4/30/26
Title Date

Title Date

Title Date

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

Marc Diwan
Name

47 Bridge Street
Mailing Address

Fairhaven Mass
City/Town

MA 02719
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] 4/30/20
Signature of Applicant Date

Signature of Representative (if any) Date

**Notification to Abutters Under the
Massachusetts Wetlands Protection Act
and the Fairhaven Wetlands Bylaw**

*(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)*

In accordance with the Massachusetts General Laws Chapter 131, Section 40 (the Wetlands Protection Act) and the Fairhaven Wetlands Bylaw (Chapter 192), you are hereby notified of the following:

1. The applicant's name is Max Dionne
2. The applicant has filed the following with the Fairhaven Conservation Commission:
 - Request for Determination of Applicability
 - Notice of Intent
 - Request to Amend an existing Order of Conditions
 - Notice of Resource Area Delineation
3. The address or location of the site where the activity, project, or delineation is proposed is:
47 Bridge Street, Fairhaven, MA.
4. The proposed work includes Building a 10x12 shed on 6 helical piles w/ flood vents installed in sheds

5. Copies of the above application may be examined at the Conservation Office, located in Town Hall, 40 Center Street, Fairhaven, MA 02719, between 9:00 AM and 4:00 PM, Monday through Friday. Copies may be obtained at the office if notified in advance or from the applicant.
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.
7. Notice of the public hearing including its date, time, and place will be published at least five business days in advance in the Fairhaven Neighborhood News, and will be posted on the Fairhaven Town Website and at the Fairhaven Town Hall not less than 48 hours in advance.

PLEASE 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.



Town of Fairhaven
Massachusetts
BOARD OF ASSESSORS
40 Center Street
Fairhaven, MA 02719

Ronnie Manzone, Chair
Pamela K. Davis, MAA, Member
Daniel Lane, Member

Joanne Correia, Principal Assessor
Phone: (508) 979-4023, x-8111
Facsimile: (508) 979-4079
Email: jcorreia@fairhaven-ma.gov

ABUTTERS LIST REQUEST FORM

A \$25.00 Fee per request is required for preparation of the list. Payment is due at the time of submission of this form. Please allow 10 days from the submission of the form for the Assessors' office to complete the processing of your request. In conformance with MGL c40A §11, this information is needed so that an official abutters list as required, is used in notifying the abutters.

Date of Request: 4 / 30 / 26

Assessors Parcel ID: MAP 11 LOT 058

Property Address: 47 Bridge Street

Distance Required from Parcel # listed above (Circle One): 500 300 400
(Note: if a distance is not circled, we cannot process your request)

Property Owner: Marc Dionne

Property Owner's Mailing Address: 47 Bridge Street

Town/City: Fairhaven State: MA Zip: 02719

Property Owner's Telephone # 774 - 930 - 2409

Requestor's Name (if different from Owner) _____

Requestor's Address: Marc Dionne

Requestor's Telephone # 774 - 930 - 2409

Requestor's Email: Marc Dionne FI @ gmail.com

Office Use Only: Date Fee Paid / / Paid in Cash \$ _____

Paid by Check \$ _____ Check # _____ Town Receipt # _____

RECEIPT

No. 463322

DATE 5/1/26

FROM Mrs. Dione

\$225.-

Two hundred twenty five dollars

DOLLARS

FOR RENT OF 97 BRIDGE ST. Conservation App

ACCT.

CASH

PAID

CHECK

DUE

MONEY ORDER
 CREDIT CARD

FROM

TO

BY

A-1182
T4181

RECEIPT

No. 77727

Jody L. Gautreau
1251 Rockdale Ave
New Bedford, MA 02740-1929

231
63-447/13

May 1 2026

Two Town of Fairhaven

\$ 225.00

Two hundred twenty five dollars and 01/100 cents Dollars



For Shed

Jody Gautreau

00113044781

1453017509

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