R:10-17 TCC Form 1: TOPSFIELD GENERAL WETLANDS BYLAW: FEE CALCULATION

See Wetlands Protection Act (310 CMR 10.00) *Appendix B* - WETLANDS FEE TRANSMITTAL FORM to calculate fees due under State Regulations.

A. Request for Determination of Negligible Impact (RDNI), $50.00 **$_____**

B. Request for Determination of Applicability (**RDA**)

1) To authorize minor work, calculate fee per D. 3) below: $100 minimum. **$_____**
2) To review Resource Area delineation, for each Resource Area to be reviewed:
$.50 per linear foot of Resource Area; $100 minimum. **$_____**

C. Abbreviated Notice of Resource Area Delineation (**ANRAD**)

$.50 per linear foot of each Resource Area to be reviewed; $50 minimum. **$_____**

D. Notice of Intent (**NOI**) (includes Abbreviated Notice of Intent)

1) To review Resource Area delineation:
Review required unless already done under prior RDA, ANRAD or NOI
$.50 per linear foot of each Resource Area to be reviewed; $50 minimum. **$_____**

2) Repair or same design flow replacement of failed septic system
[In this case, D. 3) does not apply]: $200.00 **$_____**

3) To request to alter Resource Area

Where Resource Areas overlap, the higher fee shall be due. Minimum fee $100.

a) Buffer Zone _____sq. ft. x $.25/sq. ft.=$_____
b) Land Subject to Flooding _____sq. ft. x $.25/sq. ft.=$_____
c) Land Under Water _____sq. ft. x $.50/sq. ft.=$_____
d) Banks (each bank) _____linear ft. x $5.00 = $_____
e) Freshwater Wetland _____sq. ft. x $.50/sq. ft.=$_____
f) Vernal Pool 100-foot Buffer Zone _____sq. ft. x $.50/sq. ft.=$_____
g) 200-foot Riverfront Area _____sq. ft. x $.30/sq. ft.=$_____

4) To request project activity in Resource Area

a) Review of Drainage System/Flood Control Structure
i) on single-family house lot $150.00 $_____
ii) other $500.00 $_____
b) Restore to prior condition including waste clean-up: $250.00 $_____

E. Request for Extension of Permit (OoC) or Delineation (ORAD): $100.00 per lot $_____
F. Request to Amend Order of Conditions: $100.00 $_____
G. Request for a Certificate of Compliance: $100.00 $_____

TOTAL FEE under TOPSFIELD **BYLAW** **$_____**

TOTAL FEE under **STATE** REGULATIONS (State portion + Town portion – from *WPA Wetlands Fee Transmittal Form*) **$_____**

TOTAL FEES DUE **$_____**

Make Checks Payable As Follows:

1. **Commonwealth of Massachusetts** (State portion of State fee – from *WPA Wetlands Fee Transmittal Form*) **$_____**

   [Send a copy of this check with 1 copy of the application to DEP-NERO.]

2. **Town of Topsfield** (Total of Town portion of the State fee + Total fee under Topsfield Bylaw) **$_____**
   [Submit to TCC with Application.]

Fees are payable to the Town of Topsfield upon submittal of any of the above Applications/Requests, **A.** through **G.** See R:10-6. FEES. Payment of fees does not assure approval of proposed work. In general, fees are non-refundable, except when adjustments to Resource Area delineations, and/or changes in the scope or location of the project result in reduction of the Resource Areas to be altered. 09-23-2009

R:10-19. TCC Form 2: SITE VISIT AUTHORIZATION FORM

I give permission to the Topsfield Conservation Commission and its agent(s) to enter the property listed below at all times during which the subject matter is pending or ongoing before the Commission (until a Certificate of Compliance is issued in the case of an Order of Conditions or when any other document expires).

Street Address of Property:

Assessors Map and Parcel Number:

Name of Owner (please print) _____

Signature of Owner_____

Date_____

OR

Signature of Authorized Representative of Owner:

_____

Date_____

Name of Owner's Authorized Representative (please print):

_____

Representative's Address and Telephone Number:

05-01-2003

R:10-20 TCC FORM 3

CERTIFICATION OF DISCLOSURE
OF PERSONAL INTERESTS OF CONSULTANT(S)
(Pursuant to Topsfield Wetland Regulation R:10-5.c)

To: Topsfield Conservation Commission
From --Name:_____

Title:_____

Company:_____

License/Registration # (if any:_____

Telephone #:_____

Address:_____

_____

_____

Re: (Circle one) **Certification** **Disclosure**

Project Description:_____

_____

_____

_____

Project Location:_____(Topsfield, MA)

(Check one)

- ❑ I hereby certify to the Commission that neither I nor any member of my company or family, nor any business partner or associate has any interest in the above project beyond standard reasonable fees paid for objective professional services rendered on the project.

OR

- ❑ I hereby disclose the following interest(s) in the above-described project:

  Nature of interest(s):_____

  _____

  _____

  _____

  Persons/entities holding the interest(s):_____

  _____

  _____

R:10-18. TCC Form 4
TOPSFIELD CONSERVATION COMMISSION

To the Applicant:

Upon filing a Request for Determination of Applicability, an Abbreviated Notice of Resource Area Delineation, a Notice of Intent or an Abbreviated Notice of Intent under the Topsfield General Wetlands Bylaw, you are required to notify all abutters within **100** feet of the property for which the filing is made.

An abutter is the owner of property within one hundred feet of the boundary of the applicant's/project property, including property located across a street, way, river or stream within the one hundred feet.

You can obtain the names and addresses at the Assessor's Office at the Topsfield Town Hall. Please produce the list and proof of notification at the first Public Hearing/Meeting for your project.

List of abutters to property located at _____

List prepared by _____

List of Abutters:

R:10-27. TCC FORM 5 Notification of Abutters Under The Massachusetts Wetlands Protection Act and/or The Topsfield General Wetlands Bylaw

In accordance with the second paragraph of the Massachusetts General Laws Chapter 131, Section 40, and Section 62-7. of the Topsfield General Wetlands Bylaw, you are hereby notified of the following:

A. The Name of the applicant is: _____

B. The applicant has filed a:

_____ Request for Determination of Applicability (RDA)

_____ Notice of Intent (NoI)

_____ Abbreviated Notice of Intent (ANoI)

_____ Abbreviated Notice of Resource Area Delineation (ANRAD)

_____ Other

with the **Topsfield Conservation Commission** seeking:

_____

_____

within/of an Area Subject to Jurisdiction/Protection under the Massachusetts Wetlands Protection Act and/or the Topsfield General Wetlands Bylaw.

C. The Address of the property where the activity is proposed is:

_____

D. Copies of the request or permit application may be examined at the **TOPSFIELD CONSERVATION COMMISSION OFFICE, TOPSFIELD TOWN HALL, 8 WEST COMMON STREET, TOPSFIELD** between the hours of **9:00 AM** and **12:00 PM** on **MONDAY** and **WEDNESDAY**, or call for an appointment at 978-887-1510.

E. Copies of the Request or Permit Application may be obtained by calling 978-887-1510. **THERE IS A 25 CENTS PER PAGE CHARGE FOR COPYING EXPENSES**.

F. Information regarding the date, time, and place of the Public Meeting/Hearing may be obtained from **THE TOPSFIELD TOWN HALL BULLETIN BOARD,** (MONDAY – THURSDAY 8:00 a.m. - 4:00 p.m. and FRIDAY 8:00 a.m. - Noon) not less than forty-eight (48) hours in advance, or by contacting the Topsfield Conservation Commission office at 978-887-1510 between the hours of 9:00 a.m. and 12:00 p.m. on MONDAY and WEDNESDAY.

NOTE: Notice of the public meeting/hearing, including date, time and place, will be published at least five (5) business days in advance in a local newspaper.

NOTE: You also may contact The Topsfield Conservation Commission or the DEP NORTHEAST REGIONAL OFFICE at 978-694-3200 for more information about this application, the Wetlands Protection Act, or the General Wetlands Bylaw.