

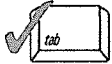


WPA Form 1- Request for Determination of Applicability

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:

Steven French stevefrench99@yahoo.com

Name E-Mail Address

164 Water St

Mailing Address

Newburyport MA 01950

City/Town State Zip Code

617-512-0339

Phone Number Fax Number (if applicable)

2. Representative (if any):

Firm

Contact Name E-Mail Address

Mailing Address

City/Town State Zip Code

Phone Number Fax Number (if applicable)

B. Determinations

1. I request the Conservation Commission make the following determination(s). Check any that apply:

Conservation Commission

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):

164 Water St

Street Address

26

Assessors Map/Plat Number

Newburyport

City/Town

51

Parcel/Lot Number

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

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

Title

Date

Title

Date

Title

Date

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

replace old deteriorated garage with new structure in same location. Site plan and elevation drawings are attached. Elevation certificate shows top of existing bottom floor at 13.1ft., new floor will be at same elevation, with the living space on the floor above (7' higher). Based on this information, I am seeking a Negative determination of applicability of WPA. Thank you.



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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:

Steven French

Name

164 Water St

Mailing Address

Newburyport

City/Town

MA

State

01950

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 of Applicant

3/26/22

Date

Signature of Representative (if any)

Date

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION					FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Steven French					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 164-166 Water Street					Company NAIC Number:	
City Newburyport		State Massachusetts		ZIP Code 01950		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Newburyport Assessors ID 26/ 51						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>						
A5. Latitude/Longitude: Lat. <u>42.80785</u> Long. <u>-70.86071</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983						
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.						
A7. Building Diagram Number <u>1A</u>						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) <u>200.00</u> sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>						
c) Total net area of flood openings in A8.b <u>0.00</u> sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
A9. For a building with an attached garage:						
a) Square footage of attached garage _____ sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____						
c) Total net area of flood openings in A9.b _____ sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number Newburyport, City of 250097				B2. County Name Essex		B3. State Massachusetts
B4. Map/Panel Number 0136	B5. Suffix G	B6. FIRM Index Date 07-16-2014	B7. FIRM Panel Effective/ Revised Date 07-16-2014	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 12	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____						
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA						

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 164-166 Water Street			Policy Number:	
City Newburyport	State Massachusetts	ZIP Code 01950	Company NAIC Number	

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO.
Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: GPS Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

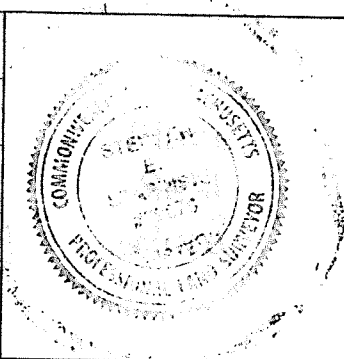
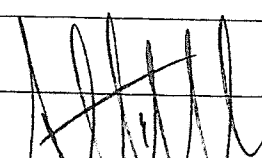
Datum used for building elevations must be the same as that used for the BFE.

	Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____ 13.1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____	<input type="checkbox"/> feet <input type="checkbox"/> meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name Stephen E Stapinski	License Number 29876		
Title President			
Company Name Merrimack Engineering Services			
Address 66 Park Street			
City Andover	State Massachusetts	ZIP Code 01810	
Signature 	Date 02-25-2022	Telephone (978) 475-3555	Ext. 11

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)
Structure is a single car garage

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 164-166 Water Street			Policy Number:
City Newburyport	State Massachusetts	ZIP Code 01950	Company NAIC Number

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name			
Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 164-166 Water Street			
City Newburyport	State Massachusetts	ZIP Code 01950	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One Caption Front view 02-19-2022

Clear Photo One



Photo Two Caption Rear view 02-19-2022

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
164-166 Water Street

FOR INSURANCE COMPANY USE

Policy Number:

City
Newburyport

State
Massachusetts

ZIP Code
01950

Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Photo Three

Photo Three

Photo Three Caption

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four



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28 February 2021

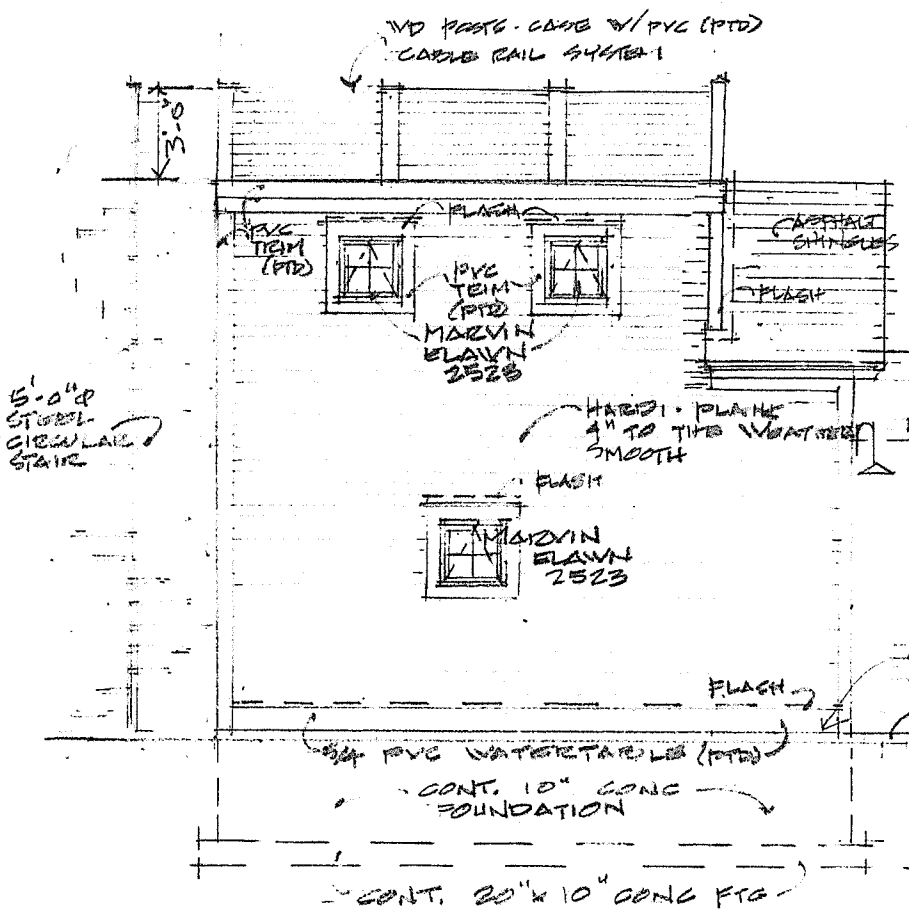
15 APRIL 2021
29 NOV. 2021
14 MARCH 2022
PL EBY

Proposed Garage for Steven French
164 - 166 Water Street, Newburyport, MA

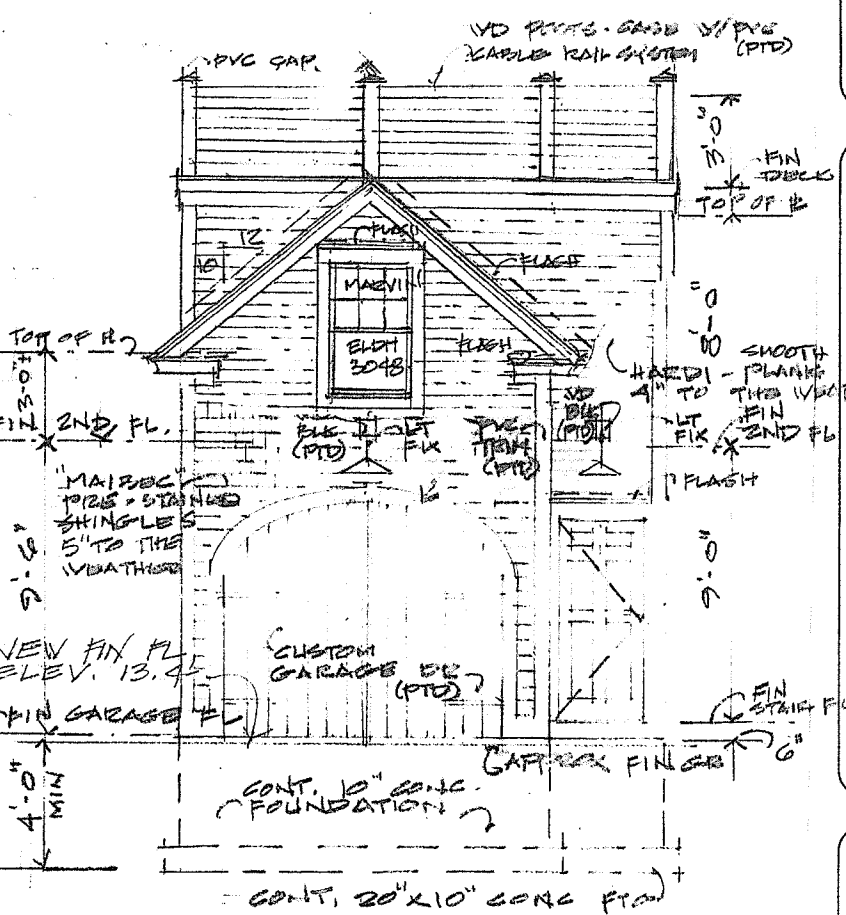
DAVID F. JAQUITH, AIA ARCHITECT
Architects + Planners + Landscape + Urban Design
81 RAILROAD AVENUE, ROWLEY, MASSACHUSETTS 01969
978-948-2000
jaquitharchitects@mac.com



1



LEFT SIDE ELEVATION
SCALE: 1/4" = 1'-0"



FRONT ELEVATION
SCALE: 1/4" = 1'-0"



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28 February 2021

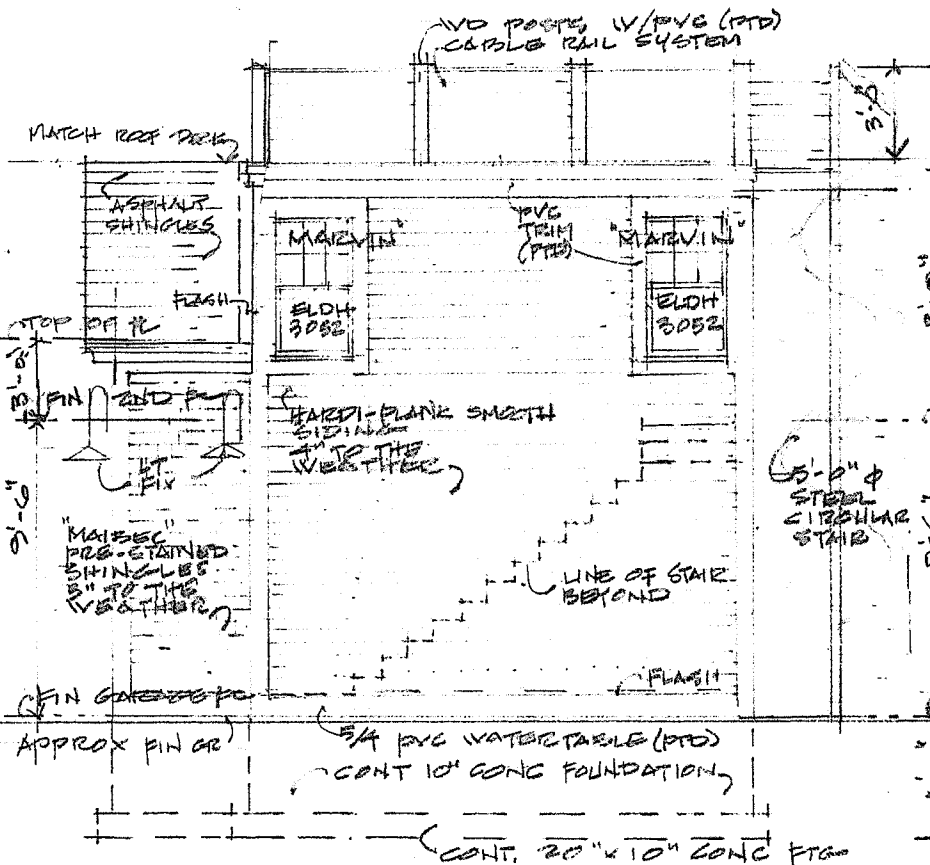
15 APRIL 2021
29 NOV 2021

Proposed Garage for Steven French
164 - 166 Water Street, Newburyport, MA

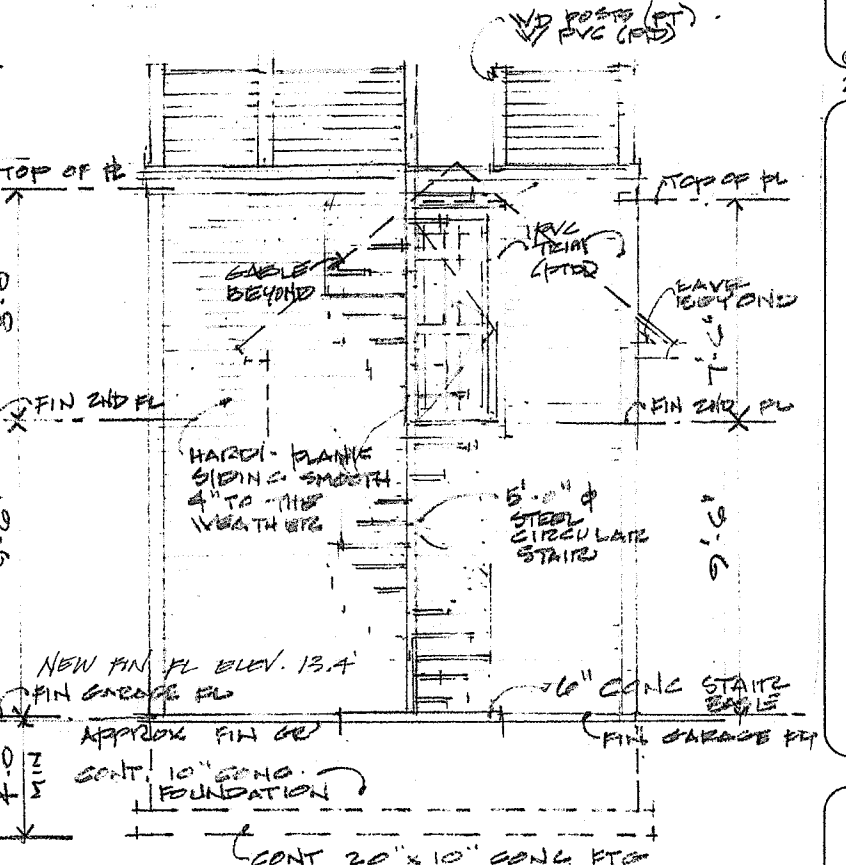


DAVID F. JAQUITH, AIA ARCHITECTS
Architects + Planners + Landscape + Urban Design
81 RAILROAD AVENUE, ROWLEY, MASSACHUSETTS 01969
978-948-2005
Jaquitharchitects@mac.com

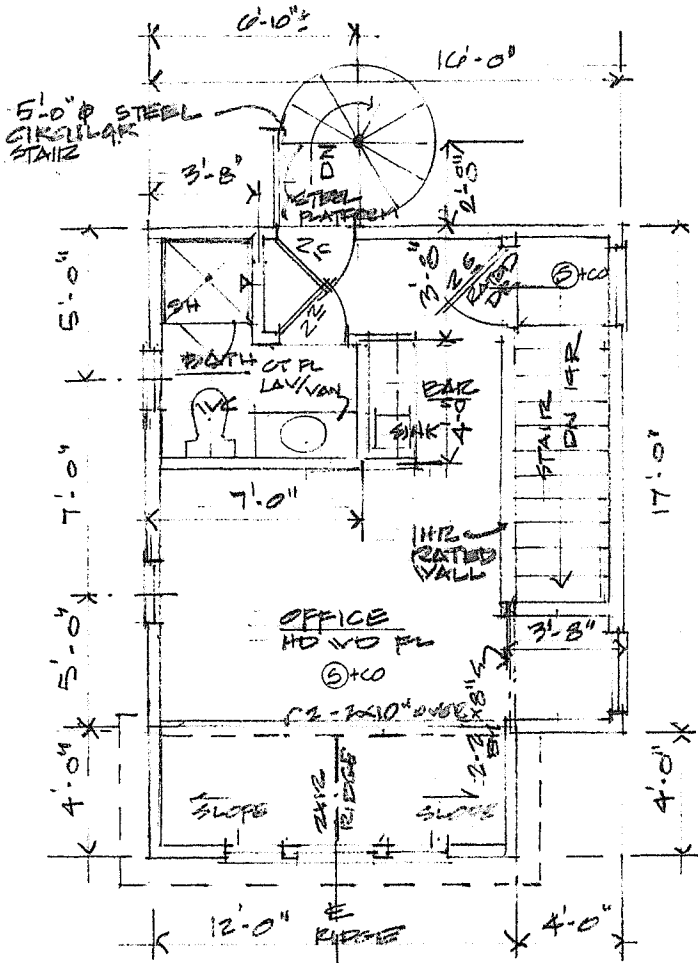
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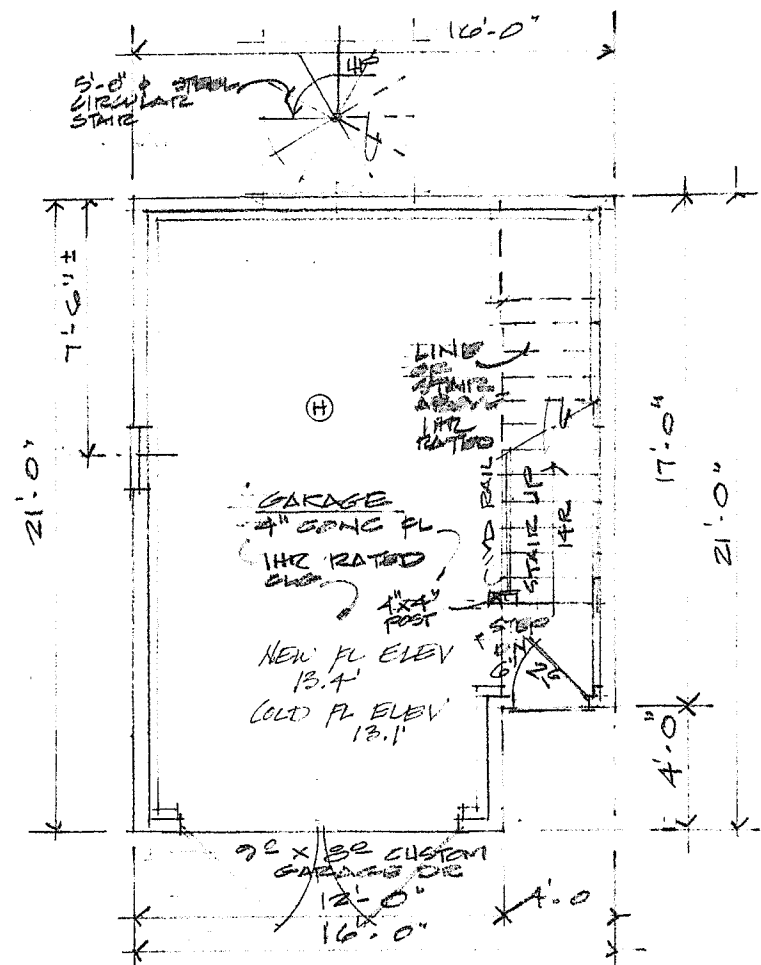
RIGHT SIDE ELEVATION
SCALE: 1/4" = 1'-0"



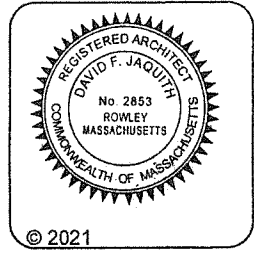
REAR ELEVATION
SCALE: 1/4" = 1'-0"



SECOND FLOOR PLAN
 SCALE: 1/4" = 1'-0"



FIRST FLOOR PLAN
 SCALE: 1/4" = 1'-0"

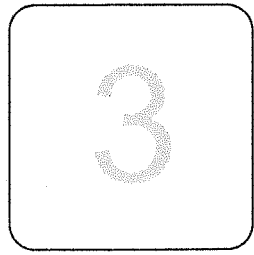


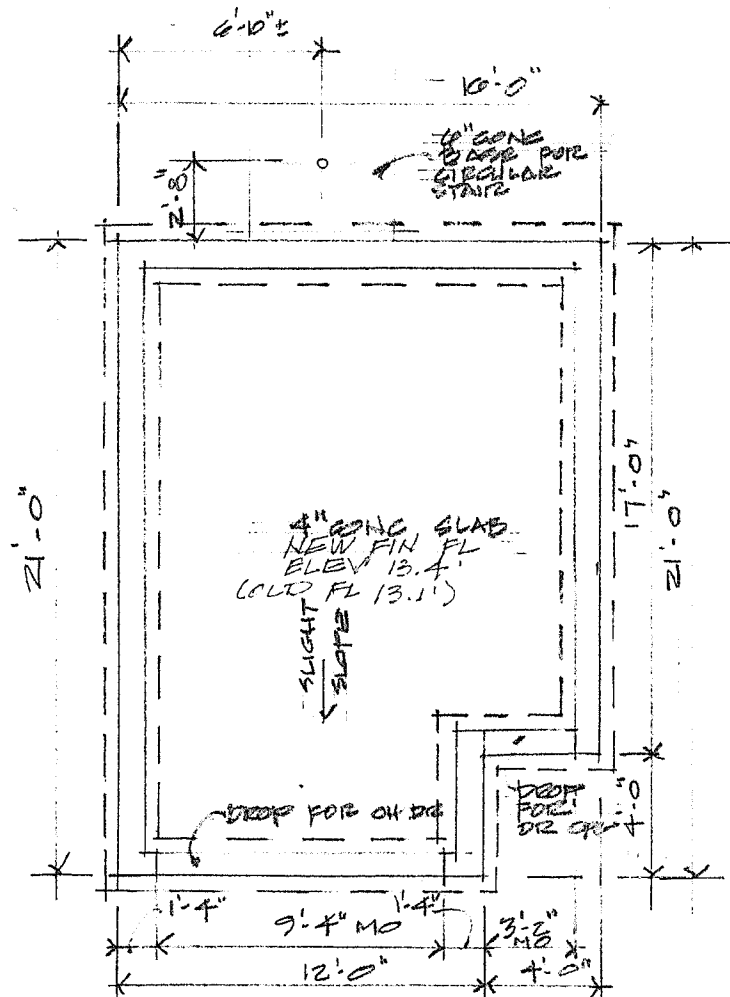
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15 APRIL 2021
 29 MAY 2021
 17 MARCH 2022
 FL ELEV
 978-948-2005
 022

Proposed Garage for Steven French
 164 - 166 Water Street, Newburyport, MA

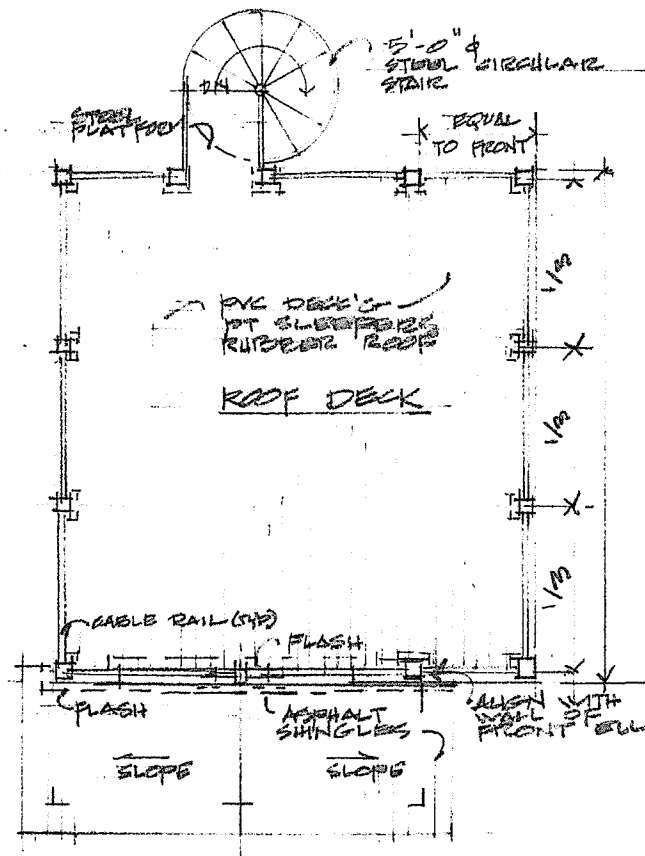
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 Jaquitharchitects@mac.com





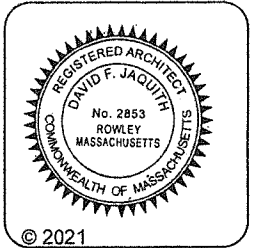
FOUNDATION PLAN

SCALE: 1/4" = 1'-0"



ROOF DECK PLAN

SCALE: 1/4" = 1'-0"



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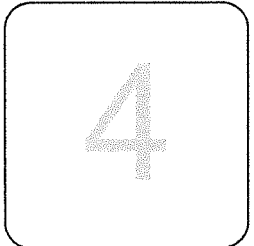
28 February 2021

15 APRIL 2021
20 NOV. 2021
14 MATCH FL ELEV

Proposed Garage for Steven French
164 - 166 Water Street, Newburyport, MA



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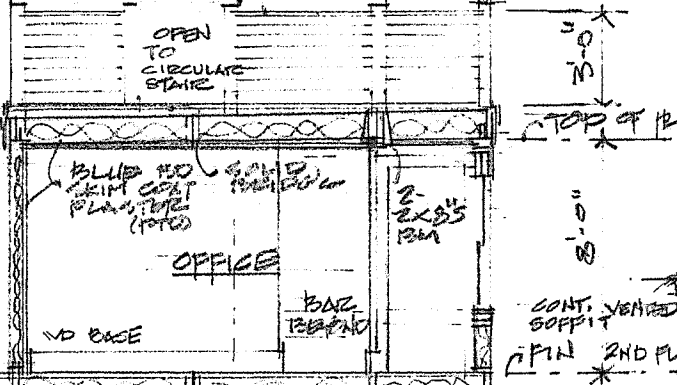
ROOF CONSTRUCTION

FXC OR 1PB DECKING
PT SLEEPERS
CURBED ROOF
BY "MARINE PLANT"
2X10'S - 16"OC

STRAP INTERIOR
CLG TO LEAVE

1/2" PESTS - CASE w/PVC (POT)

OPEN TO
CIRCULAR
STAIR

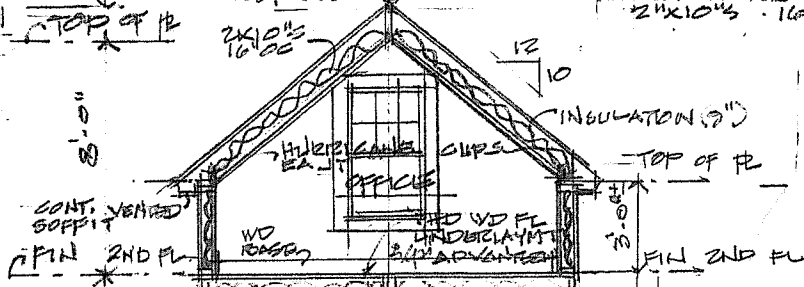


SECTION "S"
SCALE: 1/4" = 1'-0"

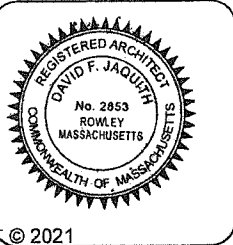
ROOF CONSTRUCTION

ASPHALT SHINGLES
ICE & WATER SHIELD
"HUBER" BROWN BID
2X10'S - 16"OC

CONT. RIDGE VENT
12"X12" EDGE
MATCH HT
ROOF DECK
2X10'S
16"OC



SECTION "A"
SCALE: 1/4" = 1'-0"

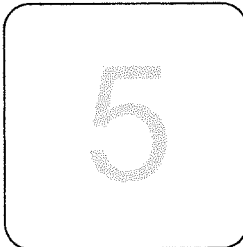


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28 February 2021

15 APRIL 2021
29 NOV 2021
13 MARCH 2022
FL ELEV
TOP OF GABLE

Proposed Garage for Steven French
164 - 166 Water Street, Newburyport, MA

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81 RAILROAD AVENUE, ROWLEY, MASSACHUSETTS 01969
978-948-2000
Jaquitharchitects@mac.com



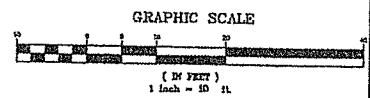
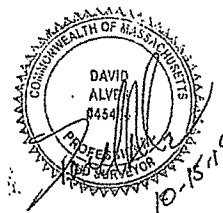
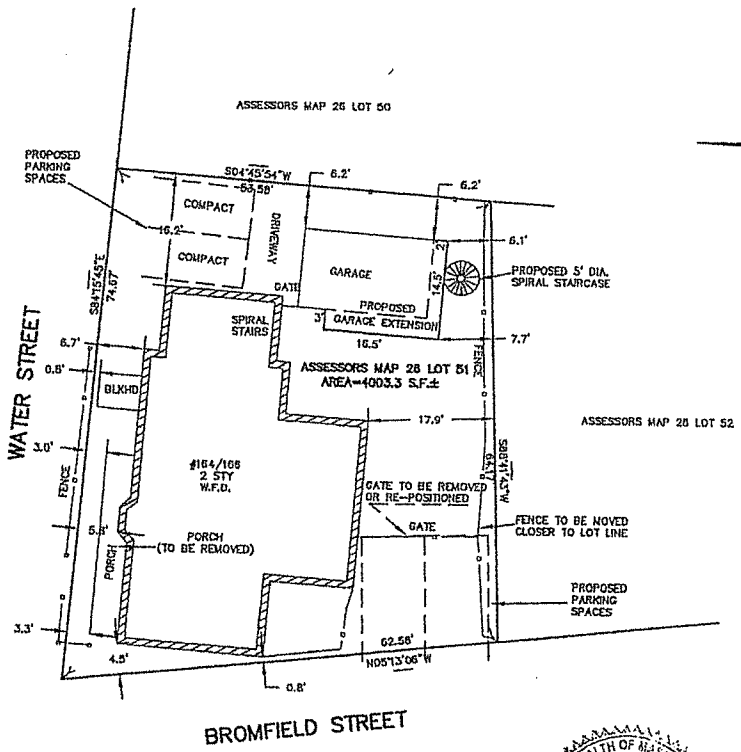
NOTES
 1.) THIS PLAN IS THE RESULT OF AN ON GROUND INSTRUMENT SURVEY PERFORMED BY WAYPOINT SURVEYING SERVICES IN AUGUST OF 2019.

ZONING TABLE
 ZONING DISTRICT: R2

	REQUIRED
FRONT SIDE	25'
REAR	10'
MIN. LOT AREA	10,000 S.F.
FRONTAGE	90'
MAX. LOT COVERAGE	25% (EXISTING LOT COVERAGE=39%)

ZONING TABLE
 ZONING DISTRICT: R2 (TWO FAMILY)

	REQUIRED	EXISTING	PROPOSED
MIN. LOT AREA	15,000 S.F.	4003.3 S.F.±	
MIN. FRONTAGE	120'	120'	
MIN. FRONT YD.	25'	0.8'	N/A
MIN. SIDE YD.	20'	0.2'	N/A
MIN. REAR YD.	25'	8.1'(GARAGE)	6.1'(GARAGE)
MAX. LOT COVERAGE	25%	42.5 S.F.	42%
MIN. OPEN SPACE	40%	38.0 S.F.	39.5%



PROPOSED PLOT PLAN
 104/106 WATER STREET
 NEWBURYPORT, MASSACHUSETTS
 ASSESSORS MAP 28 LOT 51
 PREPARED FOR
 STEVEN FRENCH

SCALE: 1" = 10' OCTOBER 15, 2019

WAYPOINT SURVEYING SERVICES
 141 BRIDGE ROAD, SUITE 202-5
 SALISBURY, MASSACHUSETTS 01952
 (978) 605-6261

DRAWN BY: D.A.	SHEET #: 1 of 1	CHECKED BY: D.A.
FILE #: 4370	DESIGN BY: D.A.	