

TOWN OF WINCHENDON

WINCHENDON TOWN CLERK
RCUD MAY 19 2022 AM 10:11

DSS

Conservation Commission



Telephone (978) 297-5410

109 Front Street
Winchendon, Massachusetts 01475-1758

Legal Notice Winchendon Conservation Commission

Pursuant to the provisions of M.G.L. Chapter 131, Section 40, and the Town of Winchendon Wetlands Protection Bylaw, the Winchendon Conservation Commission will hold a public hearing on Thursday, June 9, 2022 at 6:10 pm to consider the Request for Determination of Applicability filed by Heather Gauthier for proposed work within the 100-foot Buffer Zone to Bordering Vegetated Wetlands at 16 Crosby Road, Assessor's Map M2, Lot 179. The proposed work includes an addition of a 16x16 around existing pool. The hearing will be held in the Second Floor Auditorium at Town Hall - 109 Front St., Winchendon, MA 01475. Alternative translation and accommodation for disabled persons is available by advance request.

For additional information email mmarro@townofwinchendon.com.

June 1, 2022



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:

Heather Gauthier

Name

hgauthier@daviscos.com

E-Mail Address

16 Crosby Rd

Mailing Address

Winchendon

City/Town

MA
State

01475
Zip Code

5082593398

Phone Number

Fax Number (if applicable)

2. Representative (if any):

Firm

Jason Gauthier

Contact Name

E-Mail Address

16 Crosby Rd

Mailing Address

Winchendon

City/Town

MA
State

01475
Zip Code

978 978 400 6384

Phone Number

Fax Number (if applicable)

B. Determinations

1. I request the Winchendon 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:

Winchendon

Name of Municipality

- e. whether the following **scope of alternatives** is adequate for work in the Riverfront Area as depicted on referenced plan(s).



WPA Form 1- Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

C. Project Description

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

16 Crosby Rd
Street Address

Winchendon
City/Town

Assessors Map/Plat Number

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):

Increase deck to go around pool.



WPA Form 1- Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

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:

Heather Gauthier

Name

16 Crosby Rd

Mailing Address

Winchendon

City/Town

MA

State

01475

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.

Heather Gauthier

Signature of Applicant


5/12/2022

Date

Signature of Representative (if any)

Date

512 send RDA to: hgauthier@danescos.com
 5-12 RDA needs to be filing

	The Commonwealth of Massachusetts Board of Building Regulations and Standards Massachusetts State Building Code, 780 CMR	FOR MUNICIPALITY USE Revised Mar 2011
Building Permit Application To Construct, Repair, Renovate Or Demolish a <i>One- or Two-Family Dwelling</i>		

This Section For Official Use Only

Building Permit Number: _____	Date Applied: <u>5-12-22</u>
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<u>Jeffrey L. Newton</u>		
Building Official (Print Name)	Signature	Date

SECTION 1: SITE INFORMATION

1.1 Property Address: <u>16 Crosby Rd</u> 1.1a Is this an accepted street? yes <input checked="" type="checkbox"/> no _____	1.2 Assessors Map & Parcel Numbers Map Number _____ Parcel Number _____																		
1.3 Zoning Information: Zoning District _____ Proposed Use _____	1.4 Property Dimensions: Lot Area (sq ft) _____ Frontage (ft) _____																		
1.5 Building Setbacks (ft) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="2">Front Yard</th> <th colspan="2">Side Yards</th> <th colspan="2">Rear Yard</th> </tr> <tr> <th>Required</th> <th>Provided</th> <th>Required</th> <th>Provided</th> <th>Required</th> <th>Provided</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Front Yard		Side Yards		Rear Yard		Required	Provided	Required	Provided	Required	Provided						
Front Yard		Side Yards		Rear Yard															
Required	Provided	Required	Provided	Required	Provided														
1.6 Water Supply: (M.G.L. c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>	1.7 Flood Zone Information: Zone: _____ Outside Flood Zone? <input type="checkbox"/> Check if yes <input type="checkbox"/>																		
1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>																			

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record: <u>Heather Gauthier</u> Name (Print) <u>16 Crosby Rd</u> No. and Street	<u>Winchendon MA 01475</u> City, State, ZIP <u>5082593398</u> Telephone Email Address _____
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SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/> Specify: _____		
Brief Description of Proposed Work ² : <u>adding to deck to go around pool</u>					

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ <u>5000⁰⁰</u>	1. Building Permit Fee: \$ <u>65⁰⁰</u> Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. <u>1023</u> Check Amount: <u>65</u> Cash Amount: _____ <input checked="" type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ <u>5000⁰⁰</u>	

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Homeowner
Name of CSL Holder

No. and Street

City/Town, State, ZIP

Telephone

Email address

License Number _____ Expiration Date _____

List CSL Type (see below) _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

No. and Street

City/Town, State, ZIP

Telephone

HIC Registration Number _____ Expiration Date _____

Email address

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes No

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, as Owner of the subject property, hereby authorize _____
to act on my behalf, in all matters relative to work authorized by this building permit application.

Print Owner's Name (Electronic Signature) _____ Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Heather Gauthier _____ 5/9/2022
Print Owner's or Authorized Agent's Name (Electronic Signature) _____ Date _____

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:
 Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)
 Gross living area (sq. ft.) _____ Habitable room count _____
 Number of fireplaces _____ Number of bedrooms _____
 Number of bathrooms _____ Number of half/baths _____
 Type of heating system _____ Number of decks/ porches _____
 Type of cooling system _____ Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"

Conservation Commission		
Comments:		
Signature:		Date:
Planning Board		
Comments:		
Does a house number need to be assigned ?	Y	N
Attach copy of site plan approval (if applicable)	Y	N
Signature:		Date:
Highway Department		
Comments:		
Is a curb cut required?	Y	N
Is a driveway permit required?	Y	N
Does permit require a digsafe #?	Y	N
Signature:		Date:
BOH Comments:		
Signature		Date:
Fire Comments:		
Signature		Date:
Assessor Comments:		
Signature		Date:
Tax Collector Comments:		
Signature	<i>Kelly Wood/clerk</i>	Date: <i>5-10-22</i>
Building Commissioner		
Comments:		
Has an as build been received?	Y	N
Has a Certificate of Occupancy been issued	Y	N
Signature:		Date:

Applicant agrees to abide by the rules and regulations of all above applicable town by laws. No changes or alterations permitted unless revised plans are submitted and approved.

Signature <i>[Handwritten Signature]</i>	Date: <i>5/10/22</i>
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All applications must be accompanied with CSI, HICR, Certificate of Liability and Workman's compensation affidavit (Homeowners are exempt from this requirement)

All contracts in excess of \$1000.00 must be in writing and accompany this Building Permit Application

Activities exempt from the building permit process see R105.2

Warning

IF YOU ARE APPLYING FOR A BUILDING PERMIT AS A
HOMEOWNER

- You are now personally responsible for all work on this project.
- You are responsible to see that all work meets the Mass. Bldg. Codes.
- You must supervise all work.
- You must call the Bldg. Dept. to schedule all required inspections.
- You have waived all rights to the Mass. Guaranty Fund.
- You are the General Contractor of the project and a court of law will view you as such if you are sued, or if you should have the need to sue another party.
- Your subcontractors may lien your property.
- Any worker injured on your project may sue you if you do not carry Workmen's Compensation Insurance.
- Failure to carry Workmen's Compensation insurance may result in criminal penalties, i.e. fines and/or imprisonment.

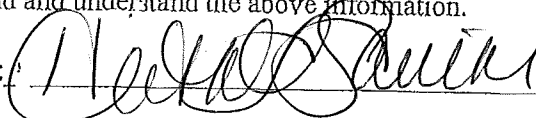
This warning has been assembled because we have found that a majority of those citizens who sign the Homeowner's Exemption Form are not aware of the responsibilities that go along with assuming the construction responsibilities.

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' Compensation for their employees. As quoted from the "law", an employee is defined as every person in service of another under contract of hire; implied, oral or written.

An employer is defined as an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.

I have read and understand the above information.

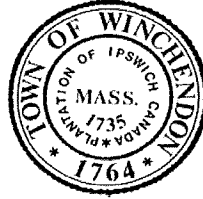
Signature:



Date

5/9/2022

Town of Winchendon
109 Front Street
Winchendon, MA 01475



Building Department

CONSTRUCTION DEBRIS DISPOSAL AFFIDAVIT

780 CMR 111.5 & 5111.5 Debris. As a condition of issuing a permit for the demolition, renovation, rehabilitation or other alteration of a building or structure, M.G.L. c. 40, § 54 requires that the debris resulting there from shall be disposed of in a properly licensed solid waste disposal facility as defined by M.G.L. c. 111, § 150A. Signature of the permit applicant, date and number of the building permit to be issued shall be indicated on a form provided by the building department, and attached to the office copy of the building permit retained by the building department. If the debris will not be disposed of as indicated, the holder of the permit shall notify the building official, in writing, as to the location where the debris will be disposed; also refer to DEP Regulations 310 CMR 7.09(2) and 310 CMR 7.15, when applicable.

AFFIDAVIT

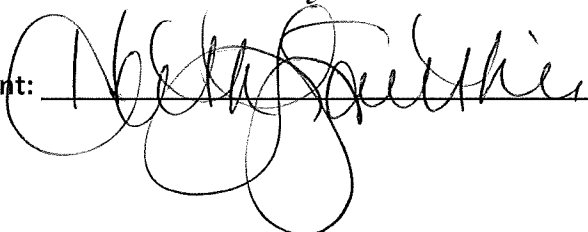
As a result of the provisions of MGL c 40, S 54, I acknowledge that as a condition of Building Permit issuance, all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150A. I certify that I will notify the Building Official in writing (60 days max.) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

Firm Name: Waste Management - Bagster

Location of facility debris is to be disposed at: Unknown

Construction Site Address: 16 Crosby Rd Winchendon MA 01475

Applicant Name: Heather Gauthier

Signature of Applicant:  Date: 5/9/2022

AFFIDAVIT
HOME IMPROVEMENT CONTRACTOR LAW
Supplement to Permit Application

MGL 142A requires that the reconstruction, alteration, renovation, repair, modernization, covering, improvement, removal, demolition of. Construction of, in addition to any existing owner occupied building containing at least one but not more than four dwelling units or structures which are adjacent to such residence or buildings be done by registered contractors with certain exceptions, along with other requirements.

Location of Property: 16 Crosby Rd
Owners Name & Address: Heather Gauthier 16 Crosby Rd Winchendon
Date of Permit Application: 5/12/2022 Est Cost: \$5,000.00
Type of Work: deck

I hereby certify that:

REGISTRATION IS NOT REQUIRED FOR THE FOLLOWING REASON:

- | | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | Work excluded by law |
| <input type="checkbox"/> | Job is under \$1,000. |
| <input type="checkbox"/> | Building is NOT owner-occupied |
| <input type="checkbox"/> | Other (specify) _____ |

Notice is hereby given that:

OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM GUARANTY FUND MGL c 142A.

Signed under penalties of perjury. I hereby apply for a Permit as the Agent of the Owner:

Contractors Name (Please Print)

Date

Contractors Signature

Registration Number

OR:

Notwithstanding the above notice, I hereby apply for a Permit as the Owner of this Property.

Heather Gauthier

Owners Name (Please Print)

5/12/2022

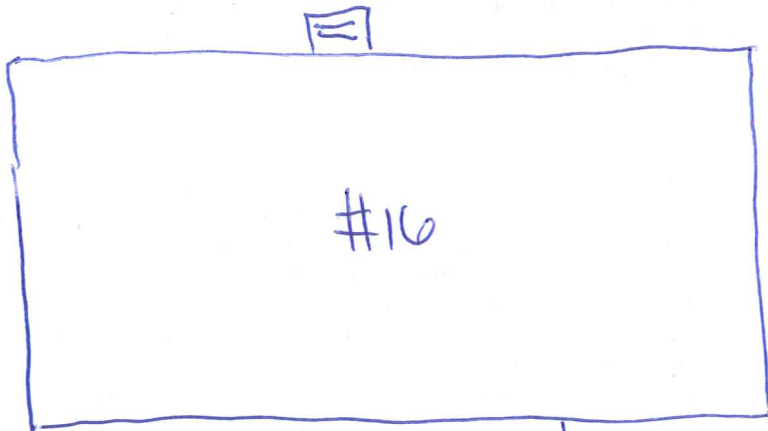
Date

[Signature]

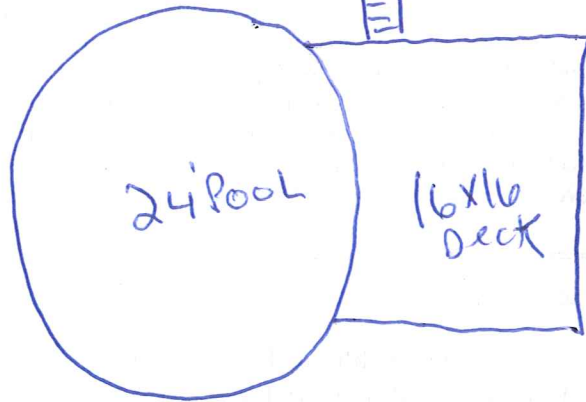
Owners Signature

Crosby Rd

Driveway



10 x 10 Deck
(current)



100' +
to Property
Line

100' +
to Property
line