

Massachusetts Department of Environmental Protection Bureau of Water Resources - Wetlands

WPA Form 1- Request for Determination of Applicability Chilmark

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

Municipality

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





Town of Chilmark Beach Superintendent Martina First Name POB 119 Address Chilmark City/Town Town of Chilmark City/Town Phone Number 2. Property Owner (if different from Applicant): Town of Chilmark First Name 410 Middle Rd Address Chilmark MA 02535 Zip Code martinaonmv@yahoo.com Email Address Last Name 410 Middle Rd Address Chilmark City/Town State MA 02535 Zip Code MA 02535 Zip Code Town of Chilmark First Name 410 Middle Rd Address Chilmark City/Town State Email Address (if known)	Α.	General Information				
First Name POB 119 Address Chilmark City/Town 774-563-0819 Phone Number Address Chilmark Town of Chilmark First Name Address Chilmark City/Town Address Chilmark First Name At O2535 State Zip Code MAA O2535 East Zip Code MAA O2535 State Zip Code MAA Mastromonaco Last Name Company Name PO Box 119 Address Chilmark City/Town Address Chilmark City/Town MAA O2535 State MAA O2535 State City/Town MAA O2535 State MAA O2535 City/Town MAA O2	1.	Applicant:				
First Name POB 119 Address Chilmark City/Town 774-563-0819 Phone Number Address Chilmark Town of Chilmark First Name Address Chilmark City/Town Address Chilmark First Name At O2535 State Zip Code MAA O2535 East Zip Code MAA O2535 State Zip Code MAA Mastromonaco Last Name Company Name PO Box 119 Address Chilmark City/Town Address Chilmark City/Town MAA O2535 State MAA O2535 State City/Town MAA O2535 State MAA O2535 City/Town MAA O2		Town of Chilmark Beach Superintendent Martina	Mastromonaco			
Address Chilmark City/Town T74-563-0819 Phone Number Zeroperty Owner (if different from Applicant): Town of Chilmark First Name Address Chilmark City/Town State Zip Code Martinaonmv@yahoo.com Email Address Last Name Last Name Address Chilmark City/Town State Zip Code Email Address (if known) MA 02535 Chilmark City/Town State Zip Code Email Address (if known) Address Chilmark City/Town State Zip Code Email Address (if known) Martina First Name Company Name PO Box 119 Address Chilmark City/Town T74-563-0819 Phone Number B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address Cluy/Town Street Address 41.33956 Lattude (Decimal Degrees Format with 5 digits after decimal e.g. XX XXXXXX) 29 Assessors' Map Number b. Area Description (use additional paper, if necessary):			Last Name			
Chilmark City/Town Phone Number City/Town Company Name PO Box 119 Address Chilmark City/Town Ci		POB 119				
City/Town 774-563-0819		Address				
T74-563-0819 Phone Number 2. Property Owner (if different from Applicant): Town of Chilmark First Name 410 Middle Rd Address Chilmark City/Town 508-645-2100 Phone Number 3. Representative (if any) Martina First Name Company Name PO Box 119 Address Chilmark City/Town State City/Town State Company Name PO Box 119 Address Chilmark City/Town State Chilmark City/Town State Company Name PO Box 119 Address Chilmark City/Town State City/Town State City/Town State City/Town T74-563-0819 Phone Number B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address 41.33956 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXXX) Assessors' Map Number Assessors' Map Number b. Area Description (use additional paper, if necessary):						
Phone Number Email Address Property Owner (if different from Applicant): Town of Chilmark First Name 410 Middle Rd Address Chilmark City/Town 508-645-2100 Phone Number 3. Representative (if any) Martina First Name Company Name PO Box 119 Address Chilmark City/Town Town of Chilmark City/Town Town of Chilmark City/Town Town of Chilmark Tits Name Company Name PO Box 119 Address Chilmark City/Town Town of Chilmark Town of Chilmark City/Town Town of Chilmark Town of Chi				•		
2. Property Owner (if different from Applicant): Town of Chilmark First Name 410 Middle Rd Address Chilmark City/Town 508-645-2100 Phone Number Representative (if any) Martina First Name Company Name PO Box 119 Address Chilmark City/Town State Company Name PO Box 119 Address Chilmark City/Town State Company Name PO Box 119 Address Chilmark City/Town State Trist Name B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address Chilmark MA 02535 City/Town		·				
Town of Chilmark First Name 410 Middle Rd Address Chilmark MA O2535 City/Town State		Phone Number	Email Address			
First Name 410 Middle Rd Address Chilmark City/Town 508-645-2100 Phone Number Representative (if any) Martina First Name PO Box 119 Address Chilmark City/Town Flown Number Mastromonaco Last Name Company Name PO Box 119 Address Chilmark City/Town 774-563-0819 Phone Number B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address 41.33956 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXX) 29 Assessors' Map Number b. Area Description (use additional paper, if necessaryy):	2.	Property Owner (if different from Applicant):				
Address Chilmark City/Town So8-645-2100 Phone Number 3. Representative (if any) Martina First Name Company Name PO Box 119 Address Chilmark City/Town State MA Stromonaco Last Name Company Name PO Box 119 Address Chilmark City/Town State MA 02535 Zip Code Mastromonaco Last Name Company Name PO Box 119 Address Chilmark City/Town State Typ Code Martinaonmv@yahoo.com Email Address (if known) B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address Street Address 41.33956 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXX) 29 Assessors' Map Number b. Area Description (use additional paper, if necessary):		Town of Chilmark				
Address Chilmark City/Town 508-645-2100 Phone Number Remail Address (if known) 3. Representative (if any) Martina First Name Company Name PO Box 119 Address Chilmark City/Town 774-563-0819 Phone Number B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address 41.33956 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XXXXXXX) 29 Assessors' Map Number b. Area Description (use additional paper, if necessary):		First Name	Last Name			
Chilmark City/Town 508-645-2100 Phone Number Representative (if any) Martina First Name Company Name PO Box 119 Address Chilmark City/Town 774-563-0819 Phone Number B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address 41.33956 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XXXXXXX) 29 Assessors' Map Number Mastromonaco Last Name Mastromonaco Last Name MA 02535 State Zip Code martinaonmv@yahoo.com Email Address (if known) Email Address (if known) Chilmark MA 02535 City/Town -70.72462 Longitude (Decimal Degrees Format with 5 digits after decimal e.gXXXXXXXX) 29 Assessors' Map Number b. Area Description (use additional paper, if necessary):		410 Middle Rd				
City/Town 508-645-2100 Phone Number Email Address (if known) 3. Representative (if any) Martina First Name Mastromonaco Company Name Company Name PO Box 119 MA Address Chilmark MA 02535 City/Town State Zip Code 774-563-0819 martinaonmv@yahoo.com Phone Number Email Address (if known) B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Chilmark MA 02535 Street Address City/Town 41.33956 -70.72462 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXXX) Longitude (Decimal Degrees Format with 5 digits after decimal e.gXX.XXXXXXX 29 Assessors' Map Number Assessors' Lot/Parcel Number b. Area Description (use additional paper, if necessary):		Address				
Solid Address (if known) Solid Address (if known)						
Phone Number Representative (if any) Martina First Name Company Name PO Box 119 Address Chilmark City/Town 774-563-0819 Phone Number B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXX) 29 Assessors' Map Number Email Address (if known) MA 02535 State Zip Code martinaonmv@yahoo.com Email Address (if known) Chilmark MA 02535 City/Town -70.72462 Longitude (Decimal Degrees Format with 5 digits after decimal e.gXX.XXXXXX) Assessors' Lot/Parcel Number b. Area Description (use additional paper, if necessary):		•	State	Zip Code		
3. Representative (if any) Martina First Name Company Name PO Box 119 Address Chilmark City/Town 774-563-0819 Phone Number B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address 41.33956 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXX) 29 Assessors' Map Number b. Area Description (use additional paper, if necessary):		·				
Martina First Name Company Name PO Box 119 Address Chilmark City/Town 774-563-0819 Phone Number B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address 41.33956 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXX) 29 Assessors' Map Number MA 02535 State Zip Code martinaonmv@yahoo.com Email Address (if known) Chilmark MA 02535 City/Town -70.72462 Longitude (Decimal Degrees Format with 5 digits after decimal e.gXX.XXXXXX) 29 Assessors' Map Number b. Area Description (use additional paper, if necessary):		Phone Number	Email Address (if knowl	n)		
Last Name Last Name Company Name PO Box 119	3.	Representative (if any)				
Company Name PO Box 119 Address Chilmark City/Town 774-563-0819 Phone Number B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address Street Address 41.33956 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXX) 29 Assessors' Map Number Description (use additional paper, if necessary):		Martina	Mastromonaco			
PO Box 119 Address Chilmark City/Town T74-563-0819 Phone Number B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address Street Address 41.33956 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXX) 29 Assessors' Map Number DAMA MA D2535 Zip Code martinaonmv@yahoo.com Email Address (if known) Email Address (if known) Chilmark MA 02535 City/Town -70.72462 Longitude (Decimal Degrees Format with 5 digits after decimal e.g. Assessors' Lot/Parcel Number D. Area Description (use additional paper, if necessary):		First Name	Last Name			
PO Box 119 Address Chilmark City/Town T74-563-0819 Phone Number B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address Street Address 41.33956 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXX) 29 Assessors' Map Number DAMA MA O2535 Zip Code martinaonmv@yahoo.com Email Address (if known) Email Address (if known) Chilmark MA 02535 City/Town -70.72462 Longitude (Decimal Degrees Format with 5 digits after decimal e.g. Assessors' Lot/Parcel Number D. Area Description (use additional paper, if necessary):						
Address Chilmark City/Town 774-563-0819 Phone Number B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address Street Address 41.33956 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXX) 29 Assessors' Map Number b. Area Description (use additional paper, if necessary): MA 92535 Zip Code martinaonmv@yahoo.com Email Address (if known) Chilmark MA 02535 City/Town -70.72462 Longitude (Decimal Degrees Format with 5 digits after decimal e.gXX.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
Chilmark City/Town 774-563-0819 Phone Number B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address 41.33956 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXX) 29 Assessors' Map Number b. Area Description (use additional paper, if necessary):						
City/Town State Zip Code 774-563-0819 martinaonmv@yahoo.com Phone Number Email Address (if known) B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Chilmark MA 02535 Street Address City/Town 41.33956 -70.72462 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXX) Longitude (Decimal Degrees Format with 5 digits after decimal e.gXX.XXXXXXX) 29 1 Assessors' Map Number Assessors' Lot/Parcel Number b. Area Description (use additional paper, if necessary):						
### Transparse of the project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach						
Phone Number B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address 41.33956 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXXX) 29 Assessors' Map Number b. Area Description (use additional paper, if necessary): Email Address (if known) Chilmark MA 02535 City/Town -70.72462 Longitude (Decimal Degrees Format with 5 digits after decimal e.gXX.XXXXXX) 1 Assessors' Lot/Parcel Number				•		
B. Project Description 1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address 41.33956 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXXX) 29 Assessors' Map Number b. Area Description (use additional paper, if necessary):		·				
1. a. Project Location (use maps and plans to identify the location of the area subject to this request): Lucy Vincent Beach Street Address City/Town 41.33956 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXXX) 29 Assessors' Map Number b. Area Description (use additional paper, if necessary):	_		Email Address (if knowl	n)		
Lucy Vincent BeachChilmark MA 02535Street AddressCity/Town41.33956-70.72462Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXX)Longitude (Decimal Degrees Format with 5 digits after decimal e.gXX.XXXXXX)291Assessors' Map NumberAssessors' Lot/Parcel Numberb. Area Description (use additional paper, if necessary):	В.	Project Description				
Street Address 41.33956 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXX) 29 Assessors' Map Number b. Area Description (use additional paper, if necessary):	1.	a. Project Location (use maps and plans to identify the location of the area subject to this request):				
41.33956 -70.72462 Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXX) Longitude (Decimal Degrees Format with 5 digits after decimal e.gXX.XXXXXX) 29 1 Assessors' Map Number Assessors' Lot/Parcel Number b. Area Description (use additional paper, if necessary):		Lucy Vincent Beach	Chilmark MA 02535			
Latitude (Decimal Degrees Format with 5 digits after decimal e.g. XX.XXXXXX) 29 Assessors' Map Number b. Area Description (use additional paper, if necessary): Longitude (Decimal Degrees Format with 5 digits after decimal e.gXX.XXXXXX) According to the second decimal e.gXX.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Street Address	City/Town			
XX.XXXXX) 29 Assessors' Map Number b. Area Description (use additional paper, if necessary):						
29 Assessors' Map Number b. Area Description (use additional paper, if necessary):			,	•		
Assessors' Map Number b. Area Description (use additional paper, if necessary):		XX.XXXXX)	decimal e.gXX.XXXX	X)		
b. Area Description (use additional paper, if necessary):						
		Assessors' Map Number	Assessors' Lot/Parcel N	Number		
Emergency path over the cliff at Lucy Vincent Beach Fast end and West End		b. Area Description (use additional paper, if necessary):				
Emorgonoy pain over the sim at Easy vinson beautiful and trest Ema						
c. Plan and/or Map Reference(s): (use additional paper if necessary)						
Title Date		Title		Date		

Title

How to find Latitude and Longitude

and how to convert to decimal degrees

Date



Massachusetts Department of Environmental Protection

Bureau of Water Resources - Wetlands

WPA Form 1- Request for Determination of Applicability Chilmark

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

Municipality

В. **Project Description (cont.)**

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

To repair the path that goes over the cliff at Lucy Vincent. Part of the path washed away this winter after several storms. Foot traffic uses this path to access the portion of the beach cut off during high tide. The emergency fire department ATV have used this path if the beach can not be safely crossed in front of the cliff area due to high tide or heavy surf. People using the path are creating wear on the cliffs that encourage erosion. Also, parts of the current path have been undermined by cliff erosion and are no longer safe. This trail provides access for the beach from Lucy Vincent all the way to the Quansoo cut, or West Tisbury if the cut is closed.

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).
	As noted above this path is for emergency access or if beach patrons are stuck on west end due to ocean conditions.
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.)



Massachusetts Department of Environmental ProtectionBureau of Water Resources - Wetlands

WPA Form 1- Request for Determination of Applicability Chilmark Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Municipality

C.		Determinations				
1.	l re	equest the Chilmark Conservation Commission	make the following determination(s). Check any that apply:			
	a. whether the area depicted on plan(s) and/or map(s) referenced above is an area subject to jurisdiction of the Wetlands Protection Act.					
		Protection Act and its regulations.				
	\boxtimes					
	\boxtimes					
		Town of Chilmark				
		Name of Municipality				
		e. whether the following scope of alternatives is adequate for Activities in the Riverfront Area as depicted on referenced plan(s).				
D.		Signatures and Submittal	I Requirements			
and	acc		that the foregoing Request for Determination of Applicability oporting data are true and complete to the best of my			
Offi	ce v		rent from the applicant, and the appropriate DEP Regional lest (including all appropriate documentation) est to the Conservation Commission.			
		by the applicant to send copies in a timination of Applicability.	nely manner may result in dismissal of the Request for			
Sig	natu	ures:				
			est will be placed in a local newspaper at my expense ne Wetlands Protection Act regulations.			
	Sigr	nature of Applicant	Date			
	Sigr	nature of Representative (if any)	Date			