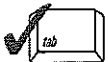




**WPA Form 1- Request for Determination of Applicability**  
Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

**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:

Donaroma's Nursery & Landscape Services

Name PO Box 2189 E-Mail Address

Mailing Address Edgartown MA 02539  
City/Town State Zip Code

Phone Number Fax Number (if applicable)

2. Representative (if any):

Donaroma's Nursery & Landscape Services

Firm Andria Jason ajason.donaromas@gmail.com  
E-Mail Address

Contact Name PO Box 2189  
Mailing Address Edgartown 508 627 30MA 02539  
City/Town State Zip Code  
508 627 3036

Phone Number Fax Number (if applicable)

**B. Determinations**

1. I request the Chilmark 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:

Chilmark

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):

10 Cygnet Way	Chilmark
Street Address	City/Town
24	33.2 & 34.2
Assessors Map/Plat Number	Parcel/Lot Number

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

Cutting back and removing stems and seed heads of non-native Phragmite monoculture. Location of the cutting is around the property's kayak launch and surrounding area. It would take place between late summer and killing frost period. Annual mitigation is requested, which will be closely monitored and evaluated for the best health of Chilmark Pond and related area.

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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.

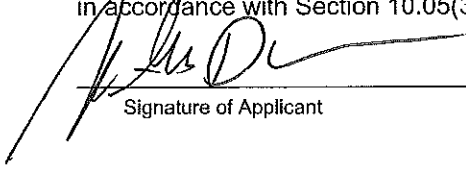
Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

Name and address of the property owner:

Allen & Shelly Holt  
Name  
3249 North St NW  
Mailing Address  
Washington  
City/Town  
DC 20007  
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 of Applicant

8/26/2021

Date

Signature of Representative (if any)

Date