RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF WATER RESOURCES/FRESHWATER WETLANDS PROGRAM

235 Promenade Street, Providence, RI 02908

Telephone: 401-222-6820, Telecommunication Device for the Deaf: 401-222-4462

REQUEST FOR REGULATORY APPLICABILITY FORM

| Please type or print | | | | |
|--|--|--|--|--|
| PART A Purpose of Application: Use this application form only if you desire confirmation that your proposed project does not require a permit under the Freshwater Wetlands Rules. (see Rules 5.02, 7.01, 7.02 and 8.04 for a description of application types, submittal requirements and application outcomes.) Please be informed that many projects | | AGENCY USE ONLY Application No: Application Received: | | |
| | | | Application Received. | |
| | | | or activities occurring outside of wetland | |
| | | character of wetlands. Applicants propos | | |
| or near wetlands should use the Request for Preliminary Determination (Rule 9) | | | | |
| and General Application Form to obtain | | | | |
| applicability of the Freshwater Wetlands | Rules is likely. | | | |
| DADED A P. 41 6 | | | | |
| PART B Applicant Information: | | | | |
| Applicant's Name (see Rules 7.02): | | | | |
| <u>Note</u> : The applicant must be the owner of the p or entity with power of condemnation over suc | property or easement which is the subject of this app h property or easement. | plication or must be the government agency | | |
| | reproperty of casemonii | | | |
| Applicant's Mailing Address: | | | | |
| Street/Road | P.O. Box | | | |
| | | | | |
| City/Town | State Zip Code | e Telephone No. | | |
| Applicant's Email Address: | | | | |
| Location of Property subject to this A | pplication (if different from mailing address): | | | |
| City/Town | Street Abutting Site Street ad | Street Abutting Site Street address number (if applicable) | | |
| Nearest street intersection and its distance and dire | ection from site | | | |
| | | N G F W | | |
| Nearest utility pole number(s): | Direction to site from abutting street: 1 | N S E W | | |
| Tax Assessor's Plat(s) and Lot No.(s): | | | | |
| Recorded Plat (s) and Lots No.(s) (if no Tax Asse | ssor Plat and Lots available): | | | |
| PART C General Information an | nd Checklist | | | |
| ☐ Any previous application for this site | e? Yes No Provide Applic | cation No(s) | | |
| | r this site? YesNo Provid | | | |
| • • | le to the General Treasurer of Rhode Islan | | | |
| | ne current and proposed conditions of the | | | |
| 1 0 1 | cluding purpose, size, and area(s) on the p site conditions where work is proposed. | property where project is proposed. | | |
| | | | | |

| <u>Note</u> : The prime professional (e.g. engineer, biolo and/or preparation of this Application and support | ogist, landscape architect, etc.) who participated in the submission ting must sign below. | |
|--|--|--|
| Application; that such documentation is in accord- | applicant to prepare documentation to be submitted in support of this ance with the <i>Rules and Regulations Governing the Administration</i> ; and that such documentation is true, accurate and complete to the | |
| Professional's Name (print): | Title: | |
| Address: | d/b/a: | |
| Professional's Signature: | Date: | |
| Professional's Email Address: | Tel | |
| PART E Applicant's Certification/Author | ization | |
| information submitted herein; and that such information hereby authorize RIDEM personnel access to the | application; that I have personally examined and am familiar with the mation is true, accurate and complete to the best of my knowledge. In the property for purposes of observing conditions pertinent to this mistrative Inspection Guidelines. (See DEM website - Office of instructions or special concerns for access here: | |
| Applicant's Signature: | Title (if applicable): | |
| Print Name Signed Above: | Date: | |
| DO NOT WRITE BELOW THIS LI | NE | |
| Rhode Island Department of Environ | mental Management Determination | |
| To Applicant: | | |
| reliance on the above information and accompany | plicable to the project as proposed. | |
| □ Further application required - you may No. □ Alteration of freshwater wetland is pro. □ Unable to make an applicability determined | 1 1 1 | |
| | • | |
| | | |
| DEM authorized staff | Date: | |

PART D Professional's Certification (if any):