



Town of North Attleborough
CONSERVATION COMMISSION

ADMINISTRATIVE REVIEW APPLICATION

APPLICANT INFORMATION *(To be completed by Applicant and/or Representative)*

Applicant Name: _____ Date: _____

Mailing Address: _____

Town/State: _____

Phone: _____

Email: _____

Representative Name (if any): _____

Phone: _____

PROJECT / TREE REMOVAL LOCATION

Project Location (Street Address): _____ Map/Parcel: _____

Property Parcel Number (if different): Map: _____ Lot: _____

Please attach a map showing the exact location of proposed work and/or trees to be removed.

DESCRIPTION OF PROJECT

Describe Proposed Work *(attach additional pages if needed)*:

Describe Resource Area Affected *(e.g., pond, marsh, buffer zone)*:

Tree Removal Details *(if applicable)*

- Total Number of Trees to be Removed: _____
- Tree Diameter (DBH): _____
- Tree Species and Reason for Removal:

REQUIRED ATTACHMENTS FOR TREE REMOVAL REQUESTS *(Check all that apply)*

- Photograph of entire tree silhouette
- Photograph of damaged area on tree (if applicable)
- Replacement tree details (if applicable)
- Emergency narrative signed by property owner (if applicable)
- Tree removal and replacement list (if applicable)

APPLICANT CERTIFICATION

I hereby certify that the information provided is accurate and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Owner's Signature (if different): _____ Date: _____

TO BE COMPLETED BY CONSERVATION ADMINISTRATOR

Date of Site Visit: _____

Pictures Attached: YES NO

Buffer Zone / Work Area Review

- Distance from Limit of Work to Resource Area (ft): _____
- Area of Buffer Zone Affected (sq. ft): _____
- Work Limit Established? YES NO

PROJECT QUALIFICATION CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> No work is proposed in any Resource Area (WPA 310 CMR / Local Bylaws) | <input type="checkbox"/> Tree removal on property |
| <input type="checkbox"/> Work is located within the 50'-100' Buffer Zone | <input type="checkbox"/> Arborist Report regrading Tree removal |
| <input type="checkbox"/> No adverse impact to state-listed wildlife habitat | |
| <input type="checkbox"/> Proposed work will not indirectly adversely impact a Resource Area | |
| <input type="checkbox"/> Ordinary (not substantial) repair on a single-family dwelling | |

If any items above are unchecked, provide explanation:

TREE REMOVAL DETERMINATION

APPROVED – The following conditions shall apply:

DENIED

*If approved, tree removal must occur within **45 days**. The Conservation Administrator reserves the right to modify or revoke this approval and will notify the applicant verbally and/or in writing.*

ADMINISTRATIVE REVIEW DETERMINATION

- It is my understanding and professional opinion that the proposed work does not adversely impact the resource area and does not violate 310 CMR 10.00–10.99.
- Despite qualifying for Administrative Review, the proposed work may alter a protected area and therefore requires the filing of a Request for Determination of Applicability or Permit Application.

Conservation Administrator Signature: _____

Date: _____

THIS ADMINISTRATIVE REVIEW PERMIT IS VALID FOR ONE YEAR FROM THE DATE RATIFIED