Great Barrington Conservation Commission

Scenic Mountain Act – Form A
Request for Determination of Applicability
Massachusetts Scenic Mountain Act MGL c. 131, s.39a

SMA File Number__________________________ Filing Fee: $65.00

A. General Information

1. Applicant:

Name:____________________________________________________
Mailing Address:____________________________________________
City/Town:_________________________________________________
State:__________________________Zip Code:____________________
E-Mail:____________________________________________________
Phone:____________________________Fax:_______________________

2. Representative (if any):

Name:____________________________________________________
Mailing Address:____________________________________________
City/Town:_________________________________________________
State:__________________________Zip Code:____________________
E-Mail:____________________________________________________
Phone:____________________________Fax:_______________________

Project Location:

Street Address:_____________________________________________
Assessors Map / Plat Number:_________________________________
Parcel / Lot Number:__________________________________________
B. Determinations

As the applicant, I request the Great Barrington Conservation Commission make the following determination(s):

- □ Whether the area depicted on the plan(s) and/or map(s) referenced below is subject to the Massachusetts Scenic Mountain Act (MGL 131 sec 39a)

- □ Whether the Activity described in this request, which the applicant proposes to perform, is exempt from coverage of MGL 131 sec 39a (Scenic Mountain Act) because, the attached documents indicate:

  1. ____ The applicant has complied with the provisions of G.L.C.132 s.40-46 (Forest Cutting Practices).
  2. ____ The activity is already subject to regulation under MGL 131 s.40 (Wetlands Protection Act).
  3. ____ The activity will consist of the maintenance, repair, reconstruction, replacement, or change in use of any lawfully located and constructed structure.
  4. ____ The activity will be conducted in connection with the construction or maintenance of any facility as that term is defined in MGL c.164 s.69G (Energy Facility Siting Board)
  5. ____ The activity will be conducted in connection with the construction or maintenance of any electrical, transmission or distribution facilities or facilities used in the transmission of intelligence by electricity or by telephone or otherwise for which locations in the public ways have been approved by the Selectmen under the provisions of MGL c.166,s.22
  6. ____ The activity will be conducted in connection with the construction or maintenance of electric distribution facilities required to serve a structure or building where construction has been approved under the provisions of this Act.

- □ If the Conservation Commission determines that all or part of the geographic area does not lie within a mapped mountain region, and that the proposed activity is not exempt from regulation, then I request the Commission determine whether the proposed activity will have a substantial impact on the watershed resources or the natural scenic qualities of the mountain region within which it will be performed (i.e. whether the activity is a regulated activity.)
C. Project Description

1. Please describe the area:

2. Please describe the nature and scope of the proposed activity and its effect on the watershed and scenic resources that are protected by this Act. Use additional paper if necessary. Attach any maps or plans that will better describe the location and nature of the proposed activity. Plans need not be detailed engineering or architectural plans as long as the nature and scope of the activity is reasonably described.

D. Signature

I certify that the documents, plans and supporting data submitted with this Request for Determination of Applicability are true and complete to the best of my knowledge.
I understand notification of this request will be placed in a local newspaper at my expense.
Signature of Applicant: ___________________________ Date: __________
Print Name: ______________________________________