



Enter your transmittal number

E274141

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://www.state.ma.us/scripts/dep/trasmfrm.stm> or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

**Massachusetts Department of Environmental Protection**

**Transmittal Form for Permit Application and Payment**

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

**Copy 1 - the original** must accompany your permit application. **Copy 2** must accompany your fee payment. **Copy 3** should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

DEP  
P.O. Box 4062  
Boston, MA  
02211

**\* Note:**  
For BWSC Permits, enter the LSP.

**A. Permit Information**

BWS20 ,

TIER I PERMIT EXTENSION ,

1. Permit Code: 7 or 8 character code from permit instructions

2. Name of Permit Category

APPLICATION FOR SUPPLEMENTAL TIER I PERMIT ACTIONS

3. Type of Project or Activity

**B. Applicant Information – Firm or Individual**

NATIONAL GRID

1. Name of Firm - Or, if party needing this approval is an individual enter name below:

LEONE

MICHELE

2. Last Name of Individual

3. First Name of Individual

4. MI

40 SYLVAN ROAD

5. Street Address

WALTHAM

MA

024510000

7819073651

6. City/Town

7. State

8. Zip Code

9. Telephone #

10. Ext. #

11. Contact Person

12. e-mail address (optional)

**C. Facility, Site or Individual Requiring Approval**

BOSTON GAS COMPANY MALDEN PLANT

1. Name of Facility, Site Or Individual

100 COMMERCIAL ST

2. Street Address

MALDEN

MA

021480000

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

8. DEP Facility Number (if Known)

9. Federal I.D. Number (if Known)

3 362

10. BWSC Tracking # (if Known)

**D. Application Prepared by (if different from Section B)\***

LOTTI

MICHAEL S

1. Name of Firm Or Individual

25 SPRING STREET, INNOVATIVE EN

2. Address

WALPOLE

MA

020810000

4. State

5. Zip Code

6. Telephone #

231

3. City/Town

4208

8. Contact Person

9. LSP Number (BWSC Permits only)

**E. Permit - Project Coordination**

1. Is this project subject to MEPA review? ☐ yes ☒ no

If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

**F. Amount Due**

**Special Provisions:**

1. ☐ Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less).

*There are no fee exemptions for BWSC permits, regardless of applicant status.*

2. ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).

3. ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).

4. ☐ Homeowner (according to 310 CMR 4.02).

14883

\$1,200

11/13/2009

Check Number

Dollar Amount

Date

DEP Use Only

Permit No:

11/13/2009 3:07:21 PM

Rec'd Date:

Reviewer: