



Adding Application Information

EEA ePLACE Instructions



EEA ePlace Portal

General Navigation

- ❑ Click  button to move to the next page.
- ❑ Any field with a red asterisk (*) is required before you continue to the page.
- ❑ Click  button to save your work and resume later.
- ❑ Click on the tool tips  where applicable to get more details.
- ❑ Suggested preferred browsers are Chrome and Microsoft Edge



Adding application information

- ☐ Adding Application Information – Table
- ☐ Adding Application Information – Yes/No
- ☐ Adding Application Information – Text box
- ☐ Adding Application Information – Description box
- ☐ Adding Application Information – Checkboxes
- ☐ Adding Application Information – Dropdowns



Adding Application information - Table

- ❑ Please read the instructions under the section, if available
- ❑ To add information into the table,
 - ❑ Click “Add a Row”
 - ❑ Enter information accordingly and click “Submit”
 - ❑ Repeat the steps above to add multiple rows
- ❑ Click "Continue Application" to proceed to the next page of the application

List of Abutters

LIST OF ABUTTERS

List the name and mailing address of each abutter. Common example: facing the water, there are two abutting properties, left and right of the project, but not behind. Pursuant to the Waterways Regulations, abutter means the owner of land which shares, along the water's edge, a common boundary or corner with a project site, as well as the owner of land which lies within 50 feet across a water body from such site. Ownership shall be determined according to the records of the local tax assessor's office.

Showing 0-0 of 0

Full Legal Name	Abutting Property Address
No records found.	
Add a Row	Edit Selected Delete Selected

* Full Legal Name:

* Abutting Property Address:

Submit

Cancel

[Continue Application »](#)

[Save and resume later](#)



Adding Application information – Yes/No

- ☐ Please read the instructions under the section, if available
- ☐ To answer the questions, select either “Yes” or “No” as applicable
- ☐ Click "Continue Application" to proceed to the next page of the application

DEP Applications

AQ01 - Limited Plan Approval for Fuel Utilization Emission Unit(s) Application

1 Contact Information	2 Facility Information	3 Application Information	4 Special Fee Provision	5 Documents	6	7	8
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* indicates a required field.

Energy Efficiency Evaluation Survey

Do you know where your electricity and/or fuel and/or water and/or heat and/or compressed air is being used/consumed?:
☐ Yes ☐ No

Has your facility had an energy audit performed by your utility supplier (or other) in the past two years?: [?](#)
☐ Yes ☐ No

Did the audit include evaluations for heat loss, lighting load, cooling requirements and compressor usage?:
☐ Yes ☐ No

Did the audit influence how this project is configured?:
☐ Yes ☐ No

Does your facility have an energy management plan?:
☐ Yes ☐ No

Have you identified and prioritized energy conservation opportunities?:
☐ Yes ☐ No

Have you identified opportunities to improve operating and maintenance procedures by employing an energy management plan?:
☐ Yes ☐ No

* Has each emission unit proposed herein been evaluated for energy consumption including average and peak electrical use; efficiency of electric motors and suitability of alternative motors such as variable speed; added heat load and/or added cooling load as a result of the operation of the proposed process; added energy load due to building air exchange requirements as a result of exhausting heat or emissions to the ambient air; and/or use of compressors?:
☐ Yes ☐ No

Has your facility considered alternative energy methods such as solar, geothermal or wind power as a means of supplementing all or some of the facility's energy demand?:
☐ Yes ☐ No

Does your facility comply with Leadership in Energy & Environmental Design (LEED) Green Building Rating System design recommendations?: [?](#)
☐ Yes ☐ No

Continue Application »

Save and resume later

The seal of the Commonwealth of Massachusetts, featuring a Native American figure holding a bow and arrow, surrounded by a circular border with the text "SIGILLUM REIPUBLICÆ MASSACHUSETTENSIS".

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Adding Application information – Text box

- ❑ Please read the instructions under the section, if available
- ❑ Enter the information accordingly in the Text boxes
- ❑ Click "Continue Application" to proceed to the next page of the application accordingly

1 Contact Information	2 Application Information	3 Documents	4 Special Fee Provision	5 Review	6
-----------------------	---------------------------	-------------	-------------------------	----------	---

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[Instructions](#)

* indicates a required field.

Dredging Information

* Please select the type:

* What is the volume of the material to be dredged? (cubic yards):

* What is the area of the dredge foot print? (square feet):

* What is the maximum dredge depth including over-dredge (referenced to Mean Low Water)?:



Adding Application information – Description box

- ❑ Please read the instructions under the section, if available.
- ❑ Enter the information accordingly in the Description box.
- ❑ **Note** – You can enter up to 4000 characters in the description box.
- ❑ Click "Continue Application" to proceed to the next page of the application.

1 Contact Information	2 Property Information	3 Application Information	4 Documents	5 Special Fee Provision	6	7
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Step 3: Application Information > Page 1 of 1

Instructions

* indicates a required field.

Application Information

Please enter additional information that may seem pertinent to your application.

* Additional Information:

Continue Application »

Save and resume later



Adding Application information – Checkboxes

- ☐ Please read the instructions under the section, if available
- ☐ Select the checkbox(es) accordingly.
- ☐ **Note** – You can select multiple or only one check box depending on the business rule.
- ☐ Click "Continue Application" to proceed to the next page of the application accordingly.

TU01 - General Practice Planner Application

1	Contact Information	2	Application Information	3	Documents	4	Special Fee Provision	5	Published Information	6	7
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* indicates a required field.

Related Work Experience

Select all related work experience(s) that apply and describe how the work relates to the skills or knowledge required per 310 CMR 50.52(f).

Engineering and Process Control:

☐

Manufacturing and Production quality control:

☐

Environmental compliance or worker health and safety:

☐

Accounting, business, administration or product marketing:

☐

Planning Industrial design or research and development:

☐

Managerial or legal:

☐

Other Experience:

☐

Adding Application information – Dropdowns

- ❑ Please read the instructions under the section, if available
- ❑ Select a value from the dropdown list which is applicable to the application section.
- ❑ Click "Continue Application" to proceed to the next page of the application accordingly

1 Contact Information 2 Application Information 3 Documents 4 Special Fee Provision 5 Review 6

Step 2: Application Information > Page 1 of 3

Instructions

Application Type

*Please select the application type you are applying for:

--Select--

--Select--
Extended Term
Other
Residential with less than or equal to 4 units

* indicates a required field.



Questions?

For technical assistance:

- ▶ Contact the ePLACE Help Desk Team at (844) 733-7522
- ▶ Or send an email to: ePLACE_helpdesk@state.ma.us

For other instruction documents, please visit the link below
[Energy and Environmental Affairs ePLACE Portal Documents](#)



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