

# WOODLAND TRAIL PROPOSAL AND EVALUATION FORM

Massachusetts Department of Conservation and Recreation

## 1. Requester's Contact Information

Name

Title

Organization

Phone

Address

City

Email

State

Zip Code

## 2. DCR Contact and/or Field Operations Team Leader

## 3. Location of Proposed Trail

*(Specify the location of the proposed trail with as much detail as possible. Attach a topographic locus map showing the location. See the MassGIS Viewer to create a locus map online: [http://maps.massgis.state.ma.us/map\\_ol/oliver.php](http://maps.massgis.state.ma.us/map_ol/oliver.php))*

## 4. Objective or Purpose of Trail

- a. If the trail exists, what user group(s) does the trail serve?
- b. Which user group(s) will the new or improved trail serve?
- c. Describe the significance, need or value of this trail and the reason(s) for the proposed change.

## 5. Trail Specifications

Upgrade of existing

Relocation of existing

New trail

Change in use

a. Description of trail purpose:

b. Trail length:

c. Class of proposed trail

d. Designed use parameter:

*(For C and D above refer to DCR Trail Guidelines Manual, Section III, Trail Classification, page 35 and Appendix F)*

## 6. Support and Success of Trail Projects

- a. Who supports this initiative?
- b. What is the evidence for demand for this project?
- c. Who will build or improve this trail?
- d. What costs are associated with this project and how will this project be funded?
- e. Who will maintain this trail project for future use?

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### **DCR REVIEW OF PROPOSED TRAIL PROJECT**

*(This section to be completed by DCR staff)*

**1. Is this project supported by existing DCR plans?**      Yes      No

**2. Is it embodied in an RMP or Trail Plan?**      Yes      No

If not, is the project supported by DCR Operations and the Greenways and Trails Section?      Yes      No

**3. What are the potential short- and long-term management issues associated with this project?**

**4. Would this trail need to meet FSTAG accessibility standards?**      Yes      No

Please explain why to support either your "Yes" or "No" response and list the Conditions for Departure.

## 5. Site Evaluation:

- a. Description of topography: 0 - 15% slope      16 - 30% slope      > 30% slope
- b. Soil description:
- c. Historic, cultural or archaeological resources / impacts:
- d. Forestry management resources / impacts:
- e. Rare, endangered and threatened species or natural community resources / impacts:

Is the trail located in NHESP Priority Habitat?    Yes      No

- f. Other critical wetland, natural resource or wildlife habitat resources / impacts:
- g. Other potential impacts or conflicts:

*\*Enter "None or Not Applicable" in any required field where you do not have relevant information to add.*

## **PERMITTING: MASSACHUSETTS REGULATORY REVIEW CHECKLIST**

### **1. Will any of the work require digging, pulling or scarring of ground surfaces?**

*If yes, DCR shall have project reviewed by DCR Archaeologist. Proponent shall file permits with MHC if such are required after initial archaeological review. All permits shall be reviewed by DCR prior to submittal.*

### **2. Will any work occur within 200 feet of a stream or river, or within 100 feet of a wetland resource area?**

*If yes, contact your local conservation commission for help preparing an RDA or NOI. If unsure, contact your local conservation commission or DCR Ecology Program. All permits shall be reviewed by DCR prior to submittal.*

### **3. Does the project area intersect with any Priority Habitat area?**

*You can find this out on the MassGIS Viewer by [clicking here](#). If yes, DCR shall send a project review request to NHESP. Proponent shall file permits if such are required by NHESP. All permits shall be reviewed by DCR prior to submittal.*

*\*For additional information on permitting, please see DCR Trail Guidelines Manual. Staff can review the potential trail project on the DCR Stewardship Viewer by [clicking here](#).*

## DCR TRAIL PROPOSAL APPROVALS

**Within one month of the date submitted, please finalize approval or disapproval and email the signed copy of the completed form to:**

Gerald Autler, Director, Trails and Greenways  
gerald.autler@mass.gov

***Facility Supervisor***

*Comments or Recommendations:*

*Signature*

*and Date:*

*Approve*

*Disapprove*

***Management Forester***

*Comments or Recommendations:*

*Signature*

*and Date:*

*Approve*

*Disapprove*

***Regional Director / District Manager***

*Comments or Recommendations:*

*Signature*

*and Date:*

*Approve*

*Disapprove*

***Cultural Resources***

*Comments or Recommendations:*

*Signature*

*and Date:*

*Approve*

*Disapprove*

***Ecology****Comments or Recommendations:**Signature  
and Date:**Approve**Disapprove*

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**This trail project is approved to proceed in accordance with, but not limited to, DCR policies and procedures as described below and in communication going forward. By signing this form, DCR is providing approval for the project proponent to move forward with the project, taking all necessary and required steps prior to implementation. The completion of this project is dependent upon all steps being completed successfully. This form does not guarantee completion of the project and DCR reserves the right to rescind approval if necessary.**

***Greenways and Trails****Comments or Recommendations:**Signature  
and Date:**Approve**Disapprove*