|  | Enter your transmittal number | | | | | | | | | Transmittal Number | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your unique Transmittal Number can be accessed online:  <https://www.mass.gov/service-details/transmittal-form-number-for-massdep-permit-application-payment>  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: MassDEP, 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:  **MassDEP**  **P.O. Box 4062**  **Boston, MA**  **02211**  **\* Note:**  For BWSC Permits, enter the LSP. | A. Permit Information | | | | | | | | | | | | |
| 1. Permit Code: 4-to-7-character code from permit instructions | | | | 2. Name of Permit Category | | | | | | | | |
| 3. Type of Project or Activity | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| B. Applicant Information – Firm or Individual | | | | | | | | | | | | |
| 1. Name of Firm - Or, if party needing this approval is an individual enter name below: | | | | | | | | | | | | |
| 2. **Last Name** of Individual | | 3. **First Name** of Individual | | | | | | | | | 4. MI | |
| 5. Street Address | | | | | | | | | | | | |
| 6. City/Town | | 7. State | | | 8. Zip Code | | | 9. Telephone # | | | | 10. Ext. # |
| 11. Contact Person | | | | 12. e-mail address | | | | | | | | |
|  | | | | | | | | | | | | |
| C. Facility, Site or Individual Requiring Approval | | | | | | | | | | | | |
| 1. Name of Facility, Site or Individual | | | | | | | | | | | | |
| 2. Street Address | | | | | | | | | | | | |
| 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) | | | | | | | | 10. BWSC Tracking # (if Known) | | |
|  | | | | | | | | | | | | |
| D. Application Prepared by (if different from Section B)\* | | | | | | | | | | | | |
| 1. Name of Firm or Individual | | | | | | | | | | | | |
| 2. Address | | | | | | | | | | | | |
| 3. City/Town | | 4. State | | | 5. Zip Code | | | 6. Telephone # | | | | 7. Ext. # |
| 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 EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: | | | | | |  | | | | | | |
|  | EOEA File Number | | | | | | |
|  | F. Amount Due | | | | | | | | | | | | |
| DEP Use Only | **Special Provisions:**  1. **Fee** Exempt: city, town, county, or district of the Commonwealth; federally recognized Indian tribe housing authority; municipal housing authority; the MBTA; or 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). | | | | | | | | | | | | |
| *Permit No:* |
| *Rec’d Date:* |
|  |
| *Reviewer:* | Check Number | Dollar Amount | | | | | | Date | | | | | |