|  | 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 ProtectionTransmittal 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 |