Application Cover Sheet

Cape Cod Commission
3225 Main Street, PO Box 226
Barnstable, MA 02630
Tel: (508) 362-3828 • Fax: (508) 362-3136

For Commission Use Only
Date Received:
Fee ($):
Check No:
File No:

A Type of Application (check all that apply)

- ☐ Development of Regional Impact (DRI)
- ☐ DRI Scoping
- ☑ DRI Exemption
- ☐ Hardship Exemption
- ☐ Jurisdictional Determination
- ☐ Request for Joint MEPA/DRI Review
- ☐ Decision Extension
- ☐ Decision Modification

B Project Information

Project Name: Barnstable Fire District Wells 3&4 WTP
Total Site Acreage: 2.10
Project/Property Location: 1650 Iyannough Road/RTE #132
Zoning: RG/RF-1

Brief Project Description:
Include total square footage of proposed and existing development, gross floor area, number of lots existing or to be created, specific uses, description of existing conditions, as applicable (attach additional sheets if necessary).
See Attachment A.

C Owner(s) of Record

List the following information for all involved parcels. Provide copies of each Deed and Purchase and Sale Agreement and/or evidence of leasehold interest, if applicable, for all involved parcels. Proof of ownership/legal rights for Applicant(s) to proceed with the proposed development must be documented prior to the Commission deeming any application complete. List the local, state, or federal agencies from which permits or other actions have been/will be filed (attach additional sheets if necessary).

Map/Parcel	Owner's Name	Lot & Plan	Land Court Certificate of Title #	Registry of Deeds Book/Page #
254-018	Barnstable Fire District Water Department			Book 2070 / Page 0091

There **ARE/ARE NOT** (circle one) court claims, pending or completed, involving this property (if yes, please attach relevant information).

Is there an existing CCC Decision for the Property? ☐ yes ☑ no (if so, recording information for decision, please attach relevant information).

D Certification

I hereby certify that all information provided on this application form and in the required attachments is true and accurate to the best of my knowledge. I agree to notify the Cape Cod Commission of any changes on the information provided in this application, in writing, as soon as is practicable. I understand failure to provide the required information and any fees may result in a procedural denial of my project.
NOTE: For wireless communication facilities, a licensed carrier should be either an applicant or a co-applicant.

APPLICANT
Applicant(s) Name: Sean Anderson Tel: 508-362-6498 Fax:
Address: 255 Breeds Hill Road, PO Box 546, Barnstable MA 02630
Signature: Sean Anderson Digitally signed by Sean Anderson Date: 2026.10.21 13:03:08 -04'00' Date: 10/21/26

CO-APPLICANT
Co-Applicant(s) Name: Tel: Fax:
Address:
Signature: Date:

CONTACT
Contact: Stephen C. Olson, P.E. Tel: 508-375-7007 Fax: 508-748-5960
Address: 10 Riverside Drive Suite #103, Lakeville MA 02347
Signature: Date: 10/21/26

PROPERTY OWNER
Property Owner: Barnstable Fire District Water Department Tel: 508-362-6498 Fax:
Address: 255 Breeds Hill Road, PO Box 546, Barnstable MA 02630
Signature: Sean Anderson Digitally signed by Sean Anderson Date: 2026.10.21 13:36:36 -04'00' Date: 10/21/26

BILLABLE ENTITY
Name: Stephen C. Olson, P.E. Tel: 508-375-7007 Fax: 508-748-5960
Address: 10 Riverside Drive Suite #103, Lakeville MA 02347