



Enter your transmittal number

E550771

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://www.state.ma.us/scripts/dep/trasmfrm.stm> or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

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: DEP, 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:

DEP
P.O. Box 4062
Boston, MA
02211

*** Note:**
For BWSC Permits, enter the LSP.

A. Permit Information

BWS20 ,

TIER I PERMIT EXTENSION ,

1. Permit Code: 7 or 8 character code from permit instructions

2. Name of Permit Category

APPLICATION FOR SUPPLEMENTAL TIER I PERMIT ACTIONS

3. Type of Project or Activity

B. Applicant Information – Firm or Individual

LOCKHEED MARTIN CORP

1. Name of Firm - Or, if party needing this approval is an individual enter name below:

CALLIGAN

PAUL E

2. Last Name of Individual

3. First Name of Individual

4. MI

2940 UNIVERSITY PARKWAY

5. Street Address

SARASOTA

FL

342430000

2406765392

6. City/Town

7. State

8. Zip Code

9. Telephone #

10. Ext. #

11. Contact Person

12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

GENERAL ELECTRIC CO FMR

1. Name of Facility, Site Or Individual

50 FORDHAM RD

2. Street Address

WILMINGTON

3. City/Town

MA

018870000

4. State

5. Zip Code

6. Telephone #

7. Ext. #

8. DEP Facility Number (if Known)

9. Federal I.D. Number (if Known)

3 518

10. BWSC Tracking # (if Known)

D. Application Prepared by (if different from Section B)*

FOLAN

DANIEL

1. Name of Firm Or Individual

250 APOLLO DRIVE, AECOM

2. Address

CHELMSFORD

MA

018240000

4. State

5. Zip Code

9789052205

6. Telephone #

7. Ext. #

3. City/Town

1736

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 EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

F. Amount Due

Special Provisions:

1. ☐ Fee Exempt (city, town or municipal housing authority)(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).

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

Check Number

Dollar Amount

Date