



Town of Wenham

Town Hall
138 Main Street
Wenham, MA 01984

PERMITTING OFFICE

TEL 978-468-5520 Ext. 4 FAX 978-468-8014

WATER USE MITIGATION PROGRAM (WUMP) CALCULATION FORM

The Wenham Water Use Mitigation Program [WUMP] has been implemented to collect a fee to fund water savings projects to mitigate new water demand. The WUMP program is applicable to projects which: (1) Require a building permit for new construction or an additional dwelling unit (including special permits for accessory apartments); (2) Represent a new or increased water demand; and (3) Residential projects of three (3) or more dwelling units and all commercial projects are subject to the WUMP impact fee. This form is an aid for calculation of a project's WUMP Fee. **Any questions may be directed to the Permitting Coordinator, 978-468-5520 x. 4, permitting@wenhamma.gov**

OWNER AND AGENT INFORMATION

Project Address: _____

Owner Name: _____ Phone: _____

Agent Name (if applicable): _____ Agent Phone: _____

Project Mailing Address (if applicable): _____

PROJECT INFORMATION

1. Does this project create a new dwelling unit? NO YES
 - a. If YES, how many? _____
2. Have disposal works construction (septic) plans been submitted to the Board of Health?
 - a. NO YES
3. What is the total number of bedrooms being constructed? _____
 - a. Attach a listing of units with street address, map and lot number, & unit number (if applicable) with total bedroom count for each street address/unit

Development Type	Fee	Number of Units
Residential — 1 Bedroom	\$550/unit	
Residential — 2 Bedroom	\$1,100/unit	
Residential — 3 Bedroom	\$1,650/unit	
Residential -- 4 Bedroom	\$2,200/unit	
Residential – Multi-unit	\$5.50/gpd/unit	

4. Does the property have any commercial use?
 - a. NO YES

Signature of Owner: _____ Date: _____

Signature of Agent: _____ Date: _____

FOR TOWN USE ONLY

Board of Health: _____ Date: _____

Building Inspector: _____ Date: _____

Water Superintendent: _____ Date: _____

Permitting Coordinator: _____ Date: _____

Check Number: _____ Date of Payment: _____