

DATE://20	NAME OF SITE OR SU		
ADDRESS WHERE WORK IS TO BE PE	☐ <i>Check here if for ter</i> ERFORMED:	1ant bulla-out	
SCOPE OF WORK:			
APPLICANT INFORMATION:		PROPERTY OWNER INFORMATION:	
NAME		NAME	
ADDRESS		ADDRESS	
CITY STATE ZI	P CODE	CITY	STATE ZIP CODE
PHONE NUMBER ALTERNATE PF	IONE NUMBER	() PHONE NUMBER	ALTERNATE PHONE NUMBER
Email Address		Email Address	
	~For Office Us	e Only~	
Received by Clerk: Submitted to Planning Commission:	DATE APPR	OVED CC	MMENTS
~Use for building or tenant space requires PC	Capproval		
Submitted to ARB (where required): Submitted to Town Council: Submitted to Building Official:			
 <u>Signed</u> site plan or subdivision plants Deeds of easements, subdivision, Six sets of plans & plats (where respectively) 	dedication, & vacation	-	
Signature	Print		te