



SITE PLAN ADMINISTRATIVE FORM - SIGN OFF PERMIT LOG

- | | | |
|--|---|--|
| <input type="checkbox"/> Accessory Apartment, Elderly | <input type="checkbox"/> Soil Erosion and Sedimentation | <input type="checkbox"/> Coastal Site Plan |
| <input type="checkbox"/> Accessory Apartment, Affordable | <input type="checkbox"/> Utility or Telecommunications Facility | <input type="checkbox"/> Subdivision Lot |
| <input type="checkbox"/> Architectural Review Committee | <input type="checkbox"/> Site Plan Signoff | <input type="checkbox"/> Other |
| <input type="checkbox"/> Landscape / Tree Planting | <input type="checkbox"/> Drainage / Driveway | |

Owner Name: _____ Signature: _____

Agent Name: _____ Phone: _____

Street Address of Property _____

Assessors Map Number: _____ LotNumber _____

A) Lot Size _____ B) Property Zone _____ C) Flood Zone _____ ZEO Init _____

Check if legally conforming: Lot Area Setbacks FAR _____

Description of Activity or Work Proposed :

Previous Review/Approvals By P&Z: Date _____ and Number: _____

Other Land Use Reference Numbers (IWWCA, Coastal Site Plan, Affordable, Elderly)

Total Building Square Footage (or total site work area):

Present Use _____ Square Footage _____

Proposed Use _____ Square Footage _____

--- (For staff use only) Other reviews and signoffs are required and plans will be sent to : ---

- | | | | | |
|----------------------------------|---------------------------------------|-------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> IWWCA | <input type="checkbox"/> Coastal | <input type="checkbox"/> ZEO | <input type="checkbox"/> HDC | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Highway | <input type="checkbox"/> Engineering | <input type="checkbox"/> Fire | <input type="checkbox"/> Building | <input type="checkbox"/> Tax Assessor |
| <input type="checkbox"/> Health | <input type="checkbox"/> Conservation | <input type="checkbox"/> ARC | <input type="checkbox"/> Flood | <input type="checkbox"/> _____ |

Reviewed by:

Town Planner _____ Senior Planner _____

Asst. Town Planner _____ Planner _____

(2 signatures required- one must be Town Planner as per §6-13; Town Planner may waive full Commission review of small scale projects but require approval of ARC where appropriate.)

See attached Conditions of Approval

TOWN PROJECT NO. _____ Fee submitted at time of application: \$ _____

Staff-assigned Application No. _____

Per § 6-14.1(e) of BZR, approval is valid for 3 years only; and work must be completed in 5 years from issuance of permit, per Statute.