



**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.