

SITE PLAN SURVEY MUST BE ATTACHED TO THIS APPLICATION

Fee: \$35.00

Date Received	<input type="checkbox"/> Cash	<input type="checkbox"/> Check
Work Site Location		
Block	Lot	Zone

Applicant Name	Telephone
Address	
Permit Requested for:	
<input type="checkbox"/> New Construction <input type="checkbox"/> Deck <input type="checkbox"/> Addition <input type="checkbox"/> Pool <input type="checkbox"/> Fence <input type="checkbox"/> Shed <input type="checkbox"/> Awning	
<input type="checkbox"/> Septic <input type="checkbox"/> Well <input type="checkbox"/> City Sewer <input type="checkbox"/> Water	
Description:	

Signs:

<input type="checkbox"/> Wall	Facade Height	Width	Total Area
<input type="checkbox"/> Free Standing	Dimensions		Setbacks

DO NOT WRITE BELOW THIS LINE

Reviewed By:	Date:
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APPROVED

DENIED

Date:	Date:
Zoning Officer:	Zoning Officer:

Referred to by:
<input type="checkbox"/> Zoning Board of Adjustment <input type="checkbox"/> Planning Board of Approval <input type="checkbox"/> Wetlands
<input type="checkbox"/> Board of Health <input type="checkbox"/> Other