THE FOLLOWING SECTION IS FOR TOWN OFFICIAL REVIEW & SIGNATURES

PROPERTY LOCATION / STREET ADDRESS: 29 Circle Drive

AGENT SECTION

In reviewing and approving any application for a permit, the Town officer shall determine that the following provisions have been met:

- [x] The application is complete and the applicable fee has been paid.
- [ ] All applicable regulations have been met or varied by the modification process.
- [ ] **Modification:** [ ] N/A [ ] Approved [ ] Denied
- [ ] **Extension:** [ ] N/A [ ] Granted [ ] Denied **Expiration Date:** ___/___/___

OTHER APPROVALS REQUIRED

To demonstrate that the proposal complies with local Inland Wetlands, Health District and Public Works requirement, the following approvals may be required and any conditions of approval shall be incorporated into the permit:

MUST NOTIFY HEALTH DIRECTOR IF CUTTING OR FILL IS 12" OR GREATER*

DIRECTOR OF HEALTH	DATE	COMMENTS
INLAND WETLAND AGENT	DATE	COMMENTS
DIRECTOR OF PUBLIC WORKS	DATE	COMMENTS

FINAL ACTION FOR PERMIT

Based on the applicant's submissions which are attached to or referenced on this form, the permit has been:

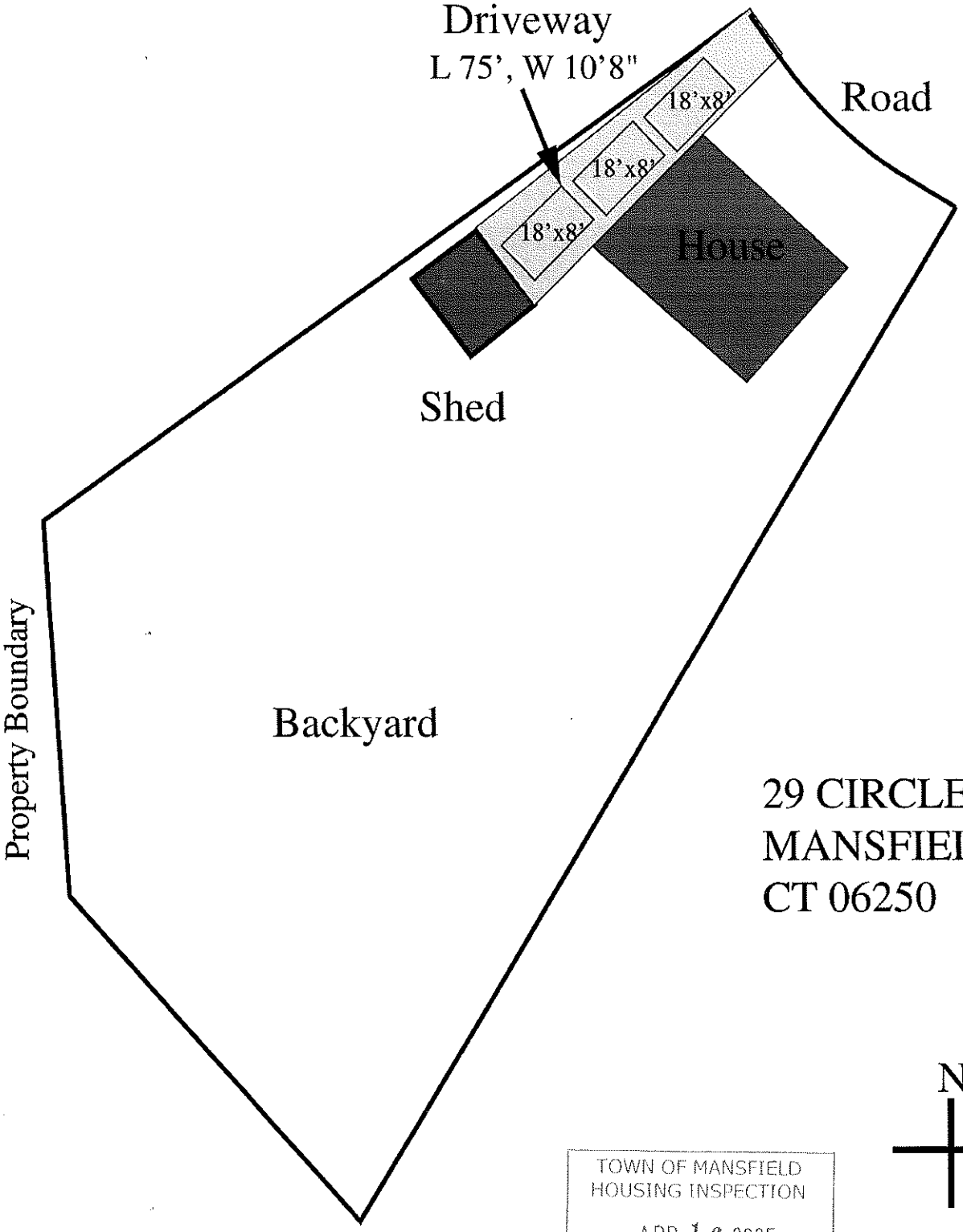
- [x] Approved as submitted.
- [ ] Approved with modification or conditions as stated below.
- [ ] Denied.

The following comments, condition(s) of approval or reason(s) for denial apply:

- [ ] **90 Days has been granted to complete the site work:** **Date work must be completed by:** _____
- [ ] **Backing into road is prohibited.**
- [ ] **Barriers are required. (See below for additional comments)**
- [x] **Barriers may be required if issues arise.**

ADDITIONAL COMMENTS

AUTHORIZED BY:	SIGNATURE	DATE 4/16/25



29 CIRCLE DR
MANSFIELD CENTER
CT 06250

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TOWN OF MANSFIELD
HOUSING INSPECTION
APR 16 2025
APPROVED
Parking Area Site Plan