

PROPERTY LOCATION / STREET ADDRESS	APPLICANT'S NAME	DATE OF APPLICATION	STATUS	REMARKS

47 CEDAR SWAMP ROAD

AGENT SECTION

☒ 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**

OTHER APPROVALS REQUIRED

****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

☒ 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:

[illegible]

AUTHORIZED AGENT:

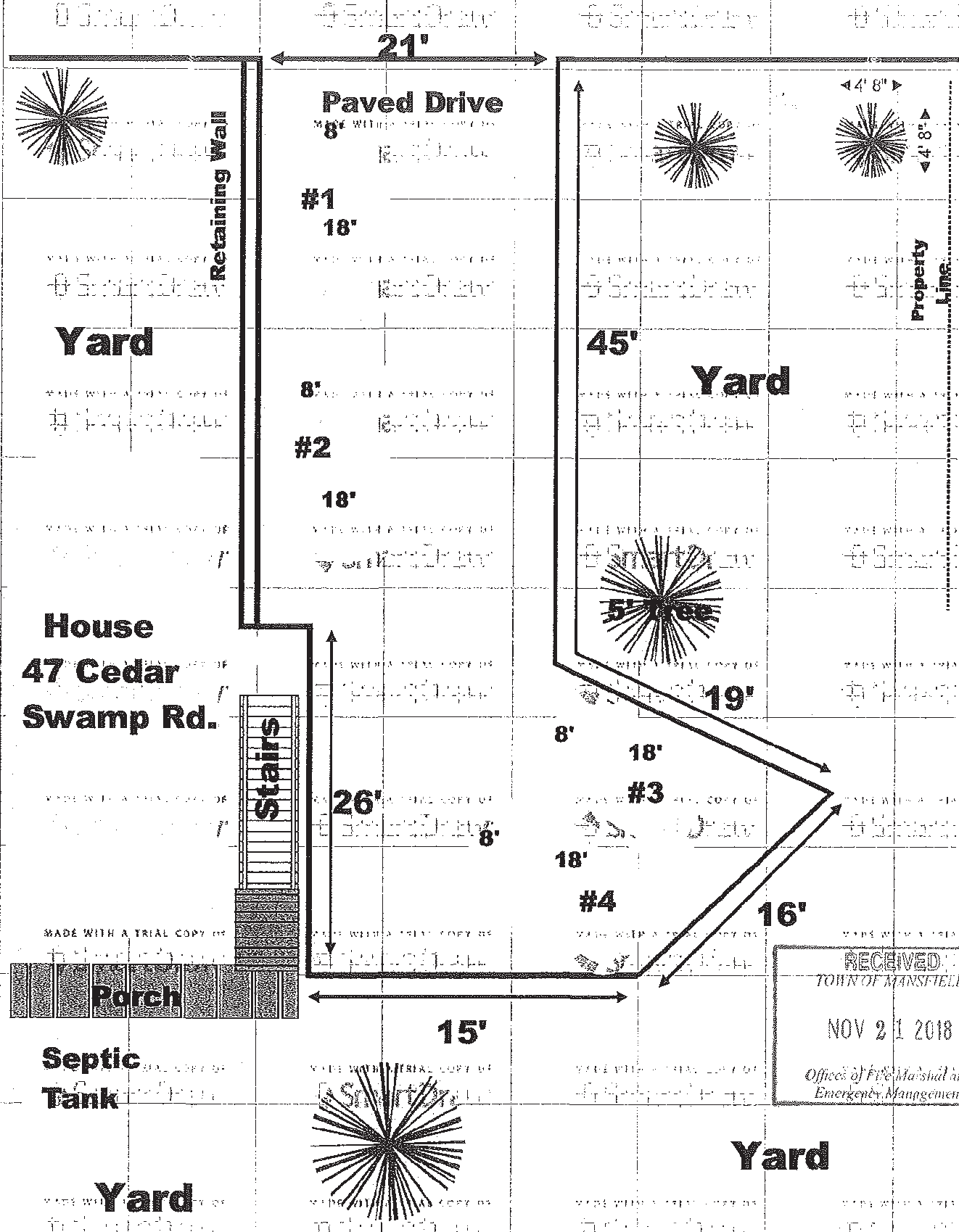
SIGNATURE

EE B. L. Tre

DATE _____

12/21/18

Cedar Swamp Rd.



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TOWN OF MANSFIELD
NOV 21 2018
Office of Fire Marshal and
Emergency Management