| Companies and the Companies of the Compa | | OR TOWN OFFICIAL REVIEW & SIGNATURES |
|--|------|---|
| PROPERTY LOCATION / STREET ADDRESS | 202 | N. EAGLEVILLE ROAP |
| AGENT SECTION 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | | |
| In reviewing and approving any application for a permit, the Town officer shall determine that the following provisions have been met: | | |
| 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: | | |
| | | CTOR IF CUTTING OR FILL IS 12" OR GREATER** |
| | DATE | COMMENTS |
| INLAND WETLAND AGENT | DATE | COMMENTS |
| DIRECTOR OF PUBLIC WORKS | DATE | COMMENTS |
| Based on the applicant's submissions which are attached to or referenced on this form, the permit has been: 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: | | |
| RARRIED MUST DE MICTONISO IN EDENT DE COACTE | | |
| BARRIER MUST BE INSTALLED IN FRONT OF SPACES #1 The #5 L, 9/28/11 DEASE SCHEDUE AN | | |
| #1 Thru #5 by 9/28/11, PLEASE SCHEDULE AN INSPECTION WHEN WIRK IS CONRETTE. | | |
| AUTHORIZED AGENT: SIGNATURE 6/25/1/ | | |

