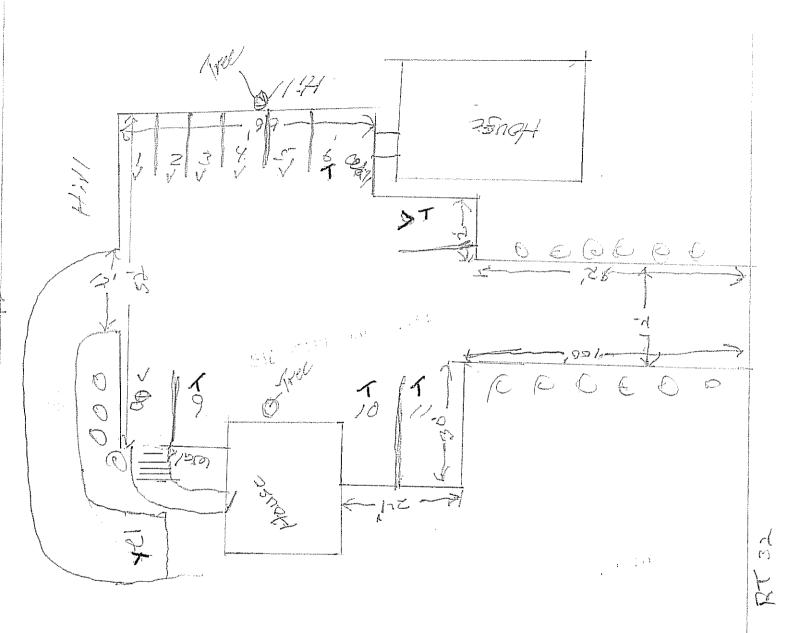
		OR TOWN OFFICIAL REVIEW & SIGNATURES
ROPERTY LOCATION / STREET ADDRESS	516 STA	
		AGENT SECTION 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
n reviewing and approving a provisions have been met:	ny application for	a permit, the Town officer shall determine that the following
<ul><li>☐ The application is completed.</li><li>☐ All applicable regulations.</li><li>☐ Modification: ☐ N/A</li><li>☐ Extension: ☐ N/A</li></ul>	have been met or v	varied by the modification process. red
	OTHER	APPROVALS REQUIRED
Fo demonstrate that the propequirement, the following apento the permit:	osal complies wi provals may be r	ith local Inland Wetlands, Health District and Public Works required and any conditions of approval shall be incorporated
**MUST NOT	TIFY HEALTH DIRE	CTOR IF CUTTING OR FILL IS 12" OR GREATER**
DIRECTOR OF HEALTH	DATE	COMMENTS
NLAND WETLAND AGENT	DATE	COMMENTS
DIRECTOR OF PUBLIC WORKS	DATE	COMMENTS
<ul><li>Approved as submit</li><li>Approved with modi</li><li>Denied.</li></ul>	ted. fication or conditi	are attached to or referenced on this form, the permit has been: ons as stated below. oval or reason(s) for denial apply:
AUTHORIZED AGENT:	IATURE	DATE



APPROVED PARISING AFFEATING AFFEATING AFFEATING AFFEATING AFFEATING AFFEATING AFFEATING APPROVED APPRO

OCT 2 1 2011

TOWN OF MANSFIELD HOUSING INSPECTION

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