



APPLICATION FOR SITE PLAN REVIEW*/**



Scheduled Review Date: _____

Application Fee Paid: _____

Applicant Information:

Location of Project/Street Address: _____

Assessor's Map: _____ Lot: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone #: _____ Fax #: _____

Owner Name/Address/Phone (if not applicant): _____

The owner's title to the land is derived from _____

by deed dated _____ and recorded in Barnstable Registry of Deeds Book _____ Page _____, registered in the Barnstable District Registry District of the Land Court, Certificate of Title No. _____.

Engineer/Surveyor: _____

Description of Project: (Describe proposed use or uses of the property. Provide as much information as possible, attach additional pages if needed): _____

Site Plan: Include Site Plan showing existing conditions and any proposed changes.

Estimated Cost of Site Improvements: (provide estimated cost of all site improvements from a contractor exclusive of building construction cost including but not limited to the following: paving, drainage, sidewalks, handicap access facilities, refuse storage and disposal facilities, retaining walls, outdoor lighting and landscaping):

Estimated Cost: _____ Prepared by: _____ Date: _____

Total land area involved: _____ Zoning Classification: _____

Formula Business Establishment:

Two (2) or more of the following items: standardized (Formula) array of services and/or merchandise including menu, trademark, logo, service mark, symbol, décor, architecture, façade, layout, uniforms, color scheme, and which are utilized by ten (10) or more other businesses worldwide regardless of ownership or location. Yes ___ No ___

If YES, Zoning Board of Appeal Special Permit is required.

Signed: _____

* Section VI, Supplementary Regulations, Site Plan Review of the Protective Zoning Bylaw.

** Any alterations to this application will constitute an incomplete filing;

Incomplete applications will not be accepted.

