TOWN OF TRURO

Conservation Commission

24 Town Hall Road
P.O. Box 2030, Truro MA 02666
Tel: 508-349-7004, Ext. 31 Fax: 508-349-5508

APPLICATION FOR ADMINISTRATIVE REVIEW PERMIT

Applicant Name: _____ Telephone _____

Owner Name: _____ Telephone _____
(If the applicant is not the owner of the property, written consent to the work MUST be attached to this Application.)

Address of subject property: _____
Map: _____ Parcel: _____

Description of Proposed Work:

Proximity to Resource Areas:

Does the project meet ALL of the criteria set forth in 5-3 A and 5-3 B? _____

_____ _____
(Signature of Applicant) (Date)

NOTE: USE OF TOWN OWNED PROPERTY FOR BEACH ACCESS OR STAGING OF CONSTRUCTION MATERIALS REQUIRES A PERMIT ISSUED BY THE BOARD OF SELECTMEN

FOR OFFICE USE ONLY:

Agent's Comments _____

_____

Site Inspection Date:_____ Application Approved: ☐ Yes ☐ No

Conservation Commission Review: Meeting Date: _____Permit Approved: ☐ Yes ☐ No

Conditions:_____

Signature of Commission Chair or Designee: _____ Date:_____

If issued, a copy of this Permit must be available at the project site while performing any work pursuant to this Permit. Permit is valid for 30 days of issuance. Rev 12/12