REQUEST FOR CONCEPTUAL REVIEW FORM

	Tax Map _	Lot	
Applicant	•		
Name:			
Address:			
Phone No:			
i none ivo.			
Owner			
Name:			
Address:			
Phone No:			
Name of Prop	osed Project:		
Description of	the Project:		
Plan or sketch	to include:		
	A. Scale: no specific scale is r	required provided that the sketch plan	is legible.
	B. Submit one (1) sketch plan prepared in ink or marker, not pencil.		
	C. Plan sheet size is to be eith	er on 81/2"x11" or 11"x17" paper.	
	D. Date, title and approximate		
		wner and the applicant, if different fro	
	•	showing major existing natural feat	ure, such as brooks,
	rivers, ponds, woods, etc.		
		of all buildings within fifty (50) fee	
		all intersecting roads or driveways	
	· · · · · · · · · · · · · · · · · · ·	nundred (200) feet. Plan views of	_
	location.	te, including their use, approximate s	ize, and approximate
	H. General location of propert		
	I. The lot area.	.,	
		-street parking and loading spaces.	
		width of accessways and egress ways.	
Instructions:	This form, with all required d	lata, must be submitted to the Board	or its agent at least
	thirteen (13) days prior to a scheduled regular meeting.		
Applicant's Sign	gnature Date	Owner's Signature	Date