

APPLICATION FOR A SCENIC ROAD SPECIAL PERMIT APPROVAL

Date of Application: _____

Name of Applicant: _____

Address of Applicant: _____

Mailing Address of Applicant: _____

Telephone: _____ Fax: _____

Location of Proposed Work _____

Type of Activity: Circle appropriate category: Road Construction
Vegetation/Tree Removal
Stone Wall

1. New. Plans and elevations (please attach)

Builder or Contractor (Name) _____

(Address) _____

(Name of Company) _____

(Telephone) _____ (Fax) _____

2. Alteration (Describe)

If additional space is needed to describe the proposed work, attach additional sheet.

Received by Planning Board: Date: _____

Fee Paid: _____

Fee: _____

