THE FOLLOW	ING SECTION	I IS FOR TOWN OFFICIAL REVIEW & SIGNATURES
PROPERTY LOCATION / STREET ADD	ress 642	STORRS ROAD
		AGENT SECTION
In reviewing and approving provisions have been met		on for a permit, the Town officer shall determine that the following
1 <u> </u>	ions have been me	plicable fee has been paid. et or varied by the modification process. pproved Denied ranted Denied Expiration Date: / /
	OTH	IER APPROVALS REQUIRED
		es with local Inland Wetlands, Health District and Public Works be required and any conditions of approval shall be incorporated
L	IOTIFY HEALTH I	DIRECTOR IF CUTTING OR FILL IS 12" OR GREATER**
DIRECTOR OF HEALTH	DATE	COMMENTS
INLAND WETLAND AGENT	DATE	COMMENTS
DIRECTOR OF PUBLIC WORKS	DATE	COMMENTS
☐ Approved as subn ☐ Approved with mo ☐ Denied.  The following comments, o	submissions whi nitted. dification or cor condition(s) of a	ich are attached to or referenced on this form, the permit has been:  Inditions as stated below.  Improval or reason(s) for denial apply:  Institute the management of the state of the sta
AUTHORIZED AGENT: SIG	ENATURE B	DATE 7/31/2

