



PLANNING DEPARTMENT
Community Development Division
FORM L

SIGNATURE REQUEST FOR PLAN REFERRAL ACKNOWLEDGEMENT

Departmental referral Form L with signature of department acknowledging receipt.

TO: Director, DPW _____
Town Engineer, DPW _____
Water & Sewer Department, DPW _____
Water Treatment Department _____
Fire Chief _____
Conservation Administrator _____
Inspector of Buildings _____
Health Administrator _____
School Department _____
Police Department _____

FROM: Applicant _____

Date: _____

Re: _____ Preliminary Plan
_____ Definitive Subdivision
_____ Modification to a Subdivision
_____ Special Permit
_____ Site Plan Review

Address of Development: _____

A Public Hearing has been scheduled for the following date: _____

Please provide your written comments to the Planning Department by the following date: _____

(The Wednesday before the scheduled public hearing and/or scheduled Planning Board meeting).

Failure to provide written comments by this date will constitute your approval of this plan.

Thank you.