

APPLICATION DATE	DECISION FILING DATE		

TOWN CLERK STAMP USE ONLY

TOWN OF SWAMPSCOTT – PLANNING BOARD APPLICATION FOR DESIGN REVIEW

FILE #:		FEE: \$		MEETING DATE:	
of the Zoning	By-law of the To		tifies that the informa	signs for approval under the provision ation and plans provided are correct	IS
APPLICANT	NAME				_
		Print or Type Name		Signature	
	ADDRESS				
	PHONE NUM.		EMAIL		_
OWNER	NAME		PHONE	ENUM	
	ADDRESS				
ARCHITECT / ENGINEER	NAME		PHONE	NUM	
	ADDRESS				
PROJECT LOC	ATION (Address)	TITLE OF	THE PLAN	ZONING DISTRICT(_ S)
	, • (, ,	5.			-,
	•	I in Southern Essex ok, Page	Town of Swamp Assessors Map	pscott o(s), Lot(s)	
Please provid	e a brief narrativ	ve description of your propo	osed project:		