

REQUEST FOR CERTIFIED ABUTTERS LIST

REQUESTED BY:

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____

EMAIL: _____

SUBJECT PROPERTY:

LOCATION _____

MAP/PARCEL _____

Check appropriate purpose:

Planning Board

- ☐ Special Permit
- ☐ Sub-division
- ☐ Waiver of SP/SPR
- ☐ Site Plan Review

Zoning Board of Appeals

- ☐ Variance
- ☐ Special Permit
- ☐ Appeal B.I. Decision

☐ Cape Cod Commission

☐ Board of Selectmen:

- ☐ Special Permit
- ☐ Liquor License

☐ Board of Health

☐ Conservation Commission

- ☐ RDA
- ☐ NOI

Assessors Office Use Only

ABUTTERS:

MAP/PARCEL

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