



TOWN OF BOURNE
Office of the
Conservation Department

24 Perry Avenue
Buzzards Bay, MA 02532



Stephanie M. Fitch, MPH
Conservation Agent

Contractors Contact Form

DEP FILE NUMBER: SE7-_____

*Please fill out the form below, names, addresses, email, and business telephone numbers of the project supervisor and alternate project supervisor who are responsible for ensuring on site compliance with the open Order of Conditions. The undersigned confirms that they have read and understand the Notice of Intent, Order of Conditions and approved plans. The undersigned also understand that plan revisions shall require advanced approval by the Conservation Commission. **Please sign and print name.***

Project Supervisor	Alternate Project Supervisor
NAME:	NAME:
ADDRESS:	ADDRESS:
BUSINESS TEL. #:	BUSINESS TEL. #:
EMAIL:	EMAIL:

Property Owner's Signature

Date

Print Name

Applicant's Signature
(If different)

Date

Print Name