

TOWN OF BREWSTER

2198 MAIN STREET BREWSTER, MA 02631

PHONE: (508) 896-3701 EXT 135 FAX: (508) 896-8089 CONSERVATION@TOWN.BREWSTER.MA.US

OFFICE OF CONSERVATION COMMISSION

Office Use: Date Received:

Fee Paid: _____

ADMINISTRATIVE REVIEW FORM

Owner/Applicant Name:	Dat	e:
Project Location: Map		_Parcel
Mailing Address:		
Phone: Email / Fax:		
Contractor/Representative: Phone:		
Other Contact Information (if necessary):		
PROJECT DESCRIPTION: (Attach additional pages if necessiplan if available.)		otos and a site
DESCRIPTION OF RESOURCE AREA AFFECTED: (Coastal E Marsh, Beach, Dune, Vegetated Wetland, Inland Bank, Lake, Pond, River, S		O,
 Site Access Authorization form is included? Will the proposed work take place within 50 feet of any r. Is excavation by machinery required? Will there be disturbance to the ground? Is removal of vegetation proposed? Is regrading proposed? (Addition or removal of soil?) Is tree removal proposed? If so, how many? Is planting proposed? - If so, please supply a plan included. Is removal of poison ivy or other nuisance or invasive specifies. If so, please explain on an additional sheet. Is the use of herbicides proposed? 	to ding species	Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N
For office use only: Site Inspection Date: Date Ratified:		
Additional Filing Required: Approval: Conservation Administrator Comments:		



TOWN OF BREWSTER

CONSERVATION COMMISSION

SITE ACCESS AUTHORIZATION FORM

Date:		- <u></u>	
Project:			
Location:			
Commission and it gathering informat	ts agents to enter upon tion regarding the appli ection Act (M.G.L. Ch 1	nbers of the Brewster Conservati the referenced property for the p cation filed with the Commission 31, s. 40) and/or the Brewster We	ourpose of pursuant to
for Commission m property for the pu	embers and the Comm irpose of inspecting for uthorization is valid un	ssued for the project, I (we) grangesion's agents to enter the above compliance with the Order of Co til a Certificate of Compliance is in	referenced onditions.
Authorized Signatur	e:	Date:	
Please Print Name:			
If other than owner,	please state whether ter	ant, agent, or other:	
Mailing Address:			- -
Phone:	Em	ail:	_
Cell:	Fax	:	_