NUMBER OF STREET	TOWN OF NORTHB APPLICATION FO Northbridge Memorial Town Hal Phone (508) 234-	OR SITE PLA	N REVI	EW	588			
Applicant:						Date:		
Address:								
	Contact information: mailing address / phone #:							
Owner: Address:								
	Contact information: mailing address / phone #:							
	ng Board of the Town of Northbridge							
-	ed, being the applicant for approval of a site plan review							
					lescribe	a as follows:		
A plan showing	J							
_ocation (Street address):		Assessor Plat I	nfo: Map		Pai	rcel(s)		
Zoning District:		Fotal acreage o	-					
Proposed Use		Total square for						
Project is a new	structure or group of structures:	Yes		No				
Project is an improvement, alteration, or addition to existing structure		Yes		No				
	al requires permit/approval(s) from other permitting authorities re: Special Permit		□ d with appli	No cation)		Unknown		
Applicant hore	eby submits site plan in accordance with the Northb	ridao Zonina P	w low Art	iolo Y So	otion 1	73 10 1 for a	nnroval	
	ed's title to said land is derived from							
County District Registry of Deeds Book								
	y District of the Land Court, Certificate of Title No.				gistorou			
ilaaA	cant's Signature:	Date:						
	cant's Address:							
	cant's Telephone:							
Owne	er's Signature:	Date:						
Owne	er's Address:							
Owne	er's Telephone:						<u> </u>	
	cant's Authorization if not the owner:							
Official Use O	nly:			#:	<b>T</b>		plication #:	
	Date Paid: Check #:	Receiv	ed by the O			Date: Time:		