

Town of Newbury

P.O. BOX 296

PLANNING BOARD

NEWBURY, NH 03255

DEPARTMENTAL REVIEW SIGN-OFF SHEET

Applicant Name _____

Project Title or Description

(FOR MUNICIPAL USE ONLY)

Case # _____

Date Received _____

OFFICIAL:

PROJECT TYPE:

☐ Board of Selectmen Chair

☐ Site Plan Review

☐ Police Chief

☐ Major Subdivision

☐ Fire Chief

☐ Highway Administrator

☐ Conservation Commission Chair

RETURN TO LAND USE OFFICE NO LATER THAN _____

IF YOU ARE NOT ABLE TO COMPLETE YOUR REVIEW IN THE TIME STATED ABOVE,
_____ CHECK HERE TO REQUEST A 30-DAY EXTENSION.

The Planning Board requests that you review the applicant's plans and comment.

Comments:

Signature: _____ Title: _____ Date: _____