TOWN OF NEWBURY

Departmental Review Sign-off Sheet

Return to Applicant by Date_____

(FOR MUNICIPAL USE ONLY)
Case #_____
Date Received_____

Applicant Name _____

Project Title or Description
_____

OFFICIAL:

☐ Board of Selectmen Chair
☐ Police Chief
☐ Fire Chief
☐ Highway Administrator
☐ Conservation Commission Chair

PROJECT TYPE:

☐ Site Plan Review
☐ Major Subdivision

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

Comments:

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Signature:_____ Title:_____ Date:_____

Approved 12/21/2004