



Site Plan Review Application

For Construction Activities At:

Project Site Address _____

Assessor's Map: _____ Lot: _____

Owner

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number _____ Fax: _____ Email _____

Applicant (if different than Owner):

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number _____ Fax: _____ Email _____

Site Plan Application Prepared By:

Company/Organization Name: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number _____ Fax: _____ Email _____

YES ___ NO ___ The owner hereby grants permission to the City discuss the Site Plan Application with the Preparer and/or the Applicant.

In accordance with section 74-143 of the Ordinances of the City of Fall River, the undersigned agrees to allow the Site Plan Review Committee or its agents, permission to enter the site to verify the information in the application and to inspect for compliance with the resulting permit.

OWNER

Name: _____ Title: _____

Signature: _____ Date: _____

APPLICANT

Name: _____ Title: _____

Signature: _____ Date: _____