| A picture containing text, clock  Description automatically generated | Town of Sharon  Administrative Land Disturbance Review  Stormwater Management Bylaw – Article II  Construction Activity Discharges Amended May 2, 2022  APPLICATION | Date Received (town use only)  \_\_\_\_\_\_\_\_\_\_\_\_  check if requesting an amendment |
| --- | --- | --- |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| A. General Information: | | | | | | | |
| **Project Location** | | |  | | | | |
| **Street Address:** | | | Registered Land | | Certificate: | | |
| Assessors Map/Plat Number | | Parcel/Lot Number | Book Number | | | | Page Number |
| *If more than one parcel:* | | |
| Assessors Map/Plat Number | | Parcel/Lot Number | Book Number | | | | Page Number |
|  | | |  | | | | |
| **Property Owner** | | | **Additional Owners** (if applicable) | | | | |
| Name | | | Name | | | | |
| Mailing Address | | | Mailing Address | | | | |
| City/Town, State, Zip | | | City/Town, State, Zip | | | | |
| Phone | Email | | Phone | Email | | | |
|  | | |  | | | | |
| **Applicant** (if different from owner) | | | **Representative** (if any) | | | | |
| Name | | | Name | | | | |
| Company Name | | | Company Name | | | | |
| Mailing Address | | | Mailing Address | | | | |
| City/Town, State, Zip | | | City/Town, State, Zip | | | | |
| Phone | Email | | Phone | Email | | | |
|  | | |  | | | | |
| **B. Plan and/or Map Reference(s):** (use additional paper if necessary) | | | | | | | |
| Plant Title / Date / Prepared by, Signed by, Stamped by | | | | | | | |
| Plant Title / Date / Prepared by, Signed by, Stamped by | | | | | | | |
|  | | | | | | | |
| C. Signatures and Submittal Requirements | | | | | | | |
| I hereby certify under the penalties of perjury that the foregoing Administrative Land Disturbance Review Application and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge. | | | | | | | |
| Signature of Applicant | | | | | | Date | |
| Signature of Property Owner (if different) | | | | | | Date | |
|  | | | | | |  | |
| Signature of Representative (if any) | | | | | | Date | |