## **TOWN OF ENFIELD**

## GENERAL APPLICATION FOR SITE PLAN REVIEW

Supplementary sheets may be attached by applicant to supply additional information.

Name of Proposed Development	
Applicant:	Plans prepared by:
Name:	
Address	Address:
Telephone	
Owner (if different,/if more than one owner	
Name:	
Address	Addiess.
Telephone	
Location of Site:	
Street Address	
Number): Federal:	
County:	
Proposed use (s) of site:	
Project Specifics:	
Total site area (square feet or acres	s)
Anticipated construction time:	
Starting date	Completion date
	ch particulars)

		<u> </u>	
a new str	eet/road required ?	If so, # of feet	(Consult Town of Enfield H
uperintend	lent for required specificat	ions)	
umber of	entrances on existing street	s/roads	
ovide nan	ne, address and telephone r	number of authority granti	ng approval for "curb cut" if State or Co
oad:	•		
	• •		
ate:	Name		
	Address		
unty:	Name		
	A 1 1		
	Address		
	Telephone		
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