



TOWN OF MASHPEE

Plan Review Application

Print

Date: _____

Project Address: _____

Check all that applies: ☐ Special Permit from Planning Board ☐ Special Permit from ZBA

☐ This is an **Informal meeting** ☐ This is a **Formal Meeting**

Business Name: _____

Owner/Agent: _____ Tel No. _____

Email: _____ Fax: _____

Architect/Engineer: _____ Tel No. _____

Email: _____ Fax: _____

Zone: _____ Lot Size: _____ Frontage: _____

Number of Building(s): Existing: _____ Proposed: _____

Sq. Footage for proposed new building _____

Project would be described as: ☐ Residential ☐ Cluster development ☐ Office ☐ Automotive

☐ Commercial ☐ Wholesale ☐ Industrial ☐ Institutional ☐ Medical Office ☐ Auto Body Shop

☐ Change of USE ☐ Other: _____

Describe Proposed Use(s):** _____

Parking Spaces: Required: _____ Provided: _____ On Site: _____ Off Site: _____

Handicapped Spaces: _____

Flood Zone: YES ☐ NO ☐ **Wetlands:** YES ☐ NO ☐ **Any Storage Tanks** YES ☐ NO ☐

Any Hazardous Waste to be stored on site YES ☐ NO ☐

Cape Cod Commission Approval required YES ☐ NO ☐ If YES, date of Approval: _____

****If necessary, you can attach a separate sheet which describes the project in more detail.**