



# TOWN OF MASHPEE

## Design Review Application

Date of Review: \_\_\_\_\_

### **Print**

Project Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner/Agent: \_\_\_\_\_ Tel No. \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_ Tel No. \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Zone: \_\_\_\_\_ Number of Building(s): Existing: \_\_\_\_\_ Proposed: \_\_\_\_\_

**Project would be described as:** ☐ Sign(s) ☐ Cluster development ☐ Office ☐ Automotive

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

☐ Change of USE ☐ Other: \_\_\_\_\_

**Describe Proposed Use(s) or changes\*\*:** \_\_\_\_\_

\_\_\_\_\_

Sq. Footage for proposed new building \_\_\_\_\_

Sq. Footage for proposed Sign \_\_\_\_\_

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.**

## DECISION

☐ Recommend

☐ Not Recommend