

TOWN OF SWAMPSCOTT

FILE	
DATE	

OFFICE OF THE

PLANNING BOARD

ELIHU THOMSON ADMINISTRATION BUILDING
22 MONUMENT AVENUE, SWAMPSCOTT, MA 01907

APPLICATION FOR SITE PLAN REVIEW

The undersigned Applicant herewith submits the accompanying site plan for approval under the provisions of the Zoning By-law of the Town of Swampscott and certifies that the information and plans provided are correct and truly indicate the intentions of the proposed project.

APPLICANT	NAME			
		Print or Type Name	Signature	
	ADDRESS			
	PHONE NUM.		EMAIL	
	NAME		PHONE NUM	
	ADDRESS			
ARCHITECT NA / ENGINEER	NAME		PHONE NUM	
, LIVOIIVELIV	ADDRESS			
PROJECT LOC	ATION (Address)	TITLE C	OF THE PLAN	ZONING DISTRICT(S)
	•	d in Southern Essex	Town of Swampscott Assessors Map(s)	, Lot(s)
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Please provide a brief narrative description of your proposed project: