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DRB Use Only: File #	
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Application Date:	_
Other Requirements:	_

Town of Suffield Design Review Board Application

Dai	te:
Γον	se check appropriate Zoning District: wn Center Village st Suffield Center Village
	<u>APPLICATION MUST BE FILLED OUT COMPLETELY</u> (Include documents supporting application)
Ι.	Attach copy of Sign Permit if applicable. [Available at the Building Department.]
2.	Is Property in Historic District? If yes, has Certificate of Appropriateness been obtained? [Processed at the Building Department.]
3.	Property Address:
1.	Applicants Name:
5.	Applicants Address:
5.	Phone #: Fax #:
7.	Assessor's Map Number, Block Number, Lot Number
3.	Owner of Record (if different):
€.	Owners Address (if different): Phone Number:
10.	Engineer/Surveyors Name (if different):
11.	Address (if different): Phone Number:
12.	Provide a detailed description of work being proposed [i.e., replacement of signage, siding, windows, painting etc.], and attach elevations, site plans, paint colors samples, or other information deemed necessary by the Zoning Enforcement Officer to help determine compliance. [Use back if needed.]
13.	By signing this application, I am certifying that the above information is correct and that I have submitted all required documentation and am in compliance with the Town of Suffield Zoning Regulation. I hereby authorize the ZPC and their staff to enter upon the property for the purpose of inspection, promulgation of construction improvements, and/or enforcement and administration of the Town of Suffield Zoning Regulations.
	Record Owner Signature:
	Applicant Signature (if other that Record Owner): Date: