

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

Town of Suffield Design Review Board Application

te:	
se check appropriate Zoning District: wn Center Village	
	- -
APPLICATION MUST BE FILL	OUT COMPLETELY (Include documents supporting application)
Attach copy of Sign Permit if applie	ole. [Available at the Building Department.]
	If yes, has Certificate of Appropriateness been obtained?
Property Address:	
Applicants Name:	
Applicants Address:	
Phone #:	email address
Assessor's Map Number	, Block Number, Lot Number
Owner of Record (if different):	
Owners Address (if different):	Phone Number:
Engineer/Surveyors Name (if differen	
Address (if different):	Phone Number:
etc.], and attach elevations, site plan	k being proposed [i.e., replacement of signage, siding, windows, painting paint colors samples, or other information deemed necessary by the Zoning e compliance. [Use back if needed.]
required documentation and am in the PZC and their staff to enter up	tifying that the above information is correct and that I have submitted al mpliance with the Town of Suffield Zoning Regulation. I hereby authorized the property for the purpose of inspection, promulgation of construction diadministration of the Town of Suffield Zoning Regulations.
Record Owner Signature:	Date:
Applicant Signature (if other that Reco	Owner):Date:
	APPLICATION MUST BE FILLED Attach copy of Sign Permit if applicable application of the Building Departs Applicants Name: Applicants Address: Phone #: Assessor's Map Number Owner of Record (if different): Engineer/Surveyors Name (if different): Provide a detailed description of wor etc.], and attach elevations, site plans, Enforcement Officer to help determined By signing this application, I am cert required documentation and am in cotthe PZC and their staff to enter upon improvements, and/or enforcement and Record Owner Signature:

Revised February, 2022