

TOWN OF BRISTOL ZONING BOARD CHECKLIST

Please refer to the complete instructions provided with the application. This checklist must be completed in its entirety and attached as the first page of your application. If a checklist item is not applicable to your project, please write N/A.

REQUIREMENTS:	APPLICANT:	LAND USE:	BOARD:
Name of Petitioner	_____		
Title of Petition	_____		
Address of Property	_____ Map # _____ Lot # _____		
Completed Application	attached: _____	verified: _____	accepted: _____
Abutter List	attached: _____	verified: _____	accepted: _____
Proof of Representation	attached: _____	verified: _____	accepted: _____
Project Narrative	attached: _____	verified: _____	accepted: _____
Scaled Plot Plan/Survey	attached: _____	verified: _____	accepted: _____
<ul style="list-style-type: none"> • All Building Dimensions • All Setback Dimensions • All Lot Coverage Calculations • Parking/Travel Lanes • Loading/Dumpster Zones • Streets & R-O-W'S • North Arrow & Locus Map <i>(Locus map may be attached separately)</i> 	attached: _____	verified: _____	accepted: _____
Photos/Elevations	attached: _____	verified: _____	accepted: _____
DOT Application	attached: _____	verified: _____	accepted: _____
DES Well/Septic	attached: _____	verified: _____	accepted: _____
DES CSPA	attached: _____	verified: _____	accepted: _____

By signing this checklist, I, the undersigned, do herein acknowledge the receipt of the instructions and application, that I have read the instructions and have provided all the required information, including the reasons supporting my application to the board.

_____	_____	_____
FIRST NAME	SIGNATURE	DATE