

TOWN OF BRISTOL ZONING BOARD CHECKLIST

This checklist must be completed in its entirety and attached as the first page of your application on all fourteen (14) sets.
Please refer to the complete instructions provided with the application.

REQUIREMENT:	APPLICANT:	LAND USE:	BOARD:
Completed application:	attached: _____	verified: _____	accepted: _____
Abutter list: (3 sets of small mailing labels)	attached: _____	verified: _____	accepted: _____
Proof of representation:	attached: _____	verified: _____	accepted: _____
Name of petitioner:	_____		
Title of petition:	_____		
Address of property:	_____ Map # _____		Lot(s) _____
Narrative:	attached: _____	verified: _____	accepted: _____
Scaled plot plan/survey:	attached: _____	verified: _____	accepted: _____
All building(s) dimensions:	attached: _____	verified: _____	accepted: _____
All setback dimensions:	attached: _____	verified: _____	accepted: _____
Lot coverage calculations:	attached: _____	verified: _____	accepted: _____
Parking/travel lanes:	attached: _____	verified: _____	accepted: _____
Loading/dumpster zones:	attached: _____	verified: _____	accepted: _____
Streets & r-o-w's:	attached: _____	verified: _____	accepted: _____
North arrow and locus map:	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.

PRINT NAME

SIGNATURE

DATE