

TOWN OF NEWTOWN LAND USE AGENCY
Pre-Application Review

This form is to be submitted with 10 copies of the preliminary site plan. If necessary, additional copies may be requested. The top portion of this form is to be completed by the person submitting the plan.

Please Type or Print Clearly:

Project Name: _____

Location: _____

Tax Assessor Map (*Map/Block/Lot*): _____

Is the property within the Aquifer Protection District? ☐ Yes ☐ No

Type of Project: ☐ Special Exception ☐ Subdivision Plan ☐ Re-subdivision ☐ Site Plan

Submitted by: ☐ Property Owner of Record ☐ Authorized Agent ☐ Developer

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

For Staff Use Only

Date of Receipt: _____ Date of Transmittal to Department: _____

Sent to:

- | | | |
|---|---|---|
| <input type="checkbox"/> Building Department | <input type="checkbox"/> Community Development | <input type="checkbox"/> Conservation Commission |
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> Highway Department | <input type="checkbox"/> Inland Wetlands Commission |
| <input type="checkbox"/> Planning & Zoning Commission | <input type="checkbox"/> Engineering Department | <input type="checkbox"/> Health District |
| <input type="checkbox"/> Traffic Authority | <input type="checkbox"/> Tree Supervisor | <input type="checkbox"/> Other _____ |

Date of Meeting: _____ Time: _____ Place: _____

Items Transmitted: _____

Comments: _____