



# PERMITTING TASK FORCE REQUEST

## REQUEST TO APPEAR BEFORE THE PERMITTING TASK FORCE

DATE OF REQUEST:

PROJECT NAME:

PROJECT ADDRESS:

MAP:

LOT/S:

DEVELOPER NAME:

PROPERTY OWNER NAME (IF DIFFERENT):

BRIEF PROJECT DESCRIPTION:

ARE THERE ANY SPECIFIC QUESTIONS YOU HAVE ABOUT THE PERMITTING PROCESS RELATIVE TO THIS PROJECT?

ALL MEETINGS OF THE PERMITTING TASK FORCE ARE CONDUCTED ON FRIDAY MORNINGS AT 9.00 AM.  
IDENTIFY TWO PREFERRED MEETING DATES (BOTH MUST BE FRIDAY MORNINGS):

1<sup>ST</sup> CHOICE:

2<sup>ND</sup> CHOICE:

**PLEASE PROVIDE ANY PLANS, RENDERINGS, ETC. WITH THIS APPLICATION PRIOR TO THE MEETING.**

FOR INTERNAL USE ONLY:

DATE OF PERMITTING REVIEW MEETING: \_\_\_\_\_

ZONING DISTRICT/S: \_\_\_\_\_

THE FOLLOWING ARE REQUESTED TO ATTEND THIS MEETING:

- |  |  |
|--|--|
| <input type="checkbox"/> BOARD OF HEALTH               | <input type="checkbox"/> FIRE DEPARTMENT                           |
| <input type="checkbox"/> CITY SOLICITOR'S OFFICE       | <input type="checkbox"/> LICENSING                                 |
| <input type="checkbox"/> DEPT OF INSPECTIONAL SERVICES | <input type="checkbox"/> NEW BEDFORD ECONOMIC DEVELOPMENT COUNCIL  |
| <input type="checkbox"/> DEPT OF PUBLIC INFRASTRUCTURE | <input type="checkbox"/> PLANNING, HOUSING & COMMUNITY DEVELOPMENT |