

BEDFORD WETLAND CONTROL COMMISSION
Administrative Permit Application

Office Use Only
Administrative Permit Number: _____
Approved: _____
Date Issued: _____

Name of Owner(s): _____

Phone: _____ (Home) _____ (Work) _____ (Cell)

Fax: _____ E-mail: _____

Name of Applicant(s): _____

Interest in property if not owner: _____

Phone: _____ (Home) _____ (Work) _____ (Cell)

Fax: _____ E-mail: _____

Identification of Property:

Tax Map Designation: Section: _____ Block: _____ Lot: _____ Zoning District: _____

Project Address: _____

Description of Proposed Work

Wetland Boundary: *(check one)*

- Determined from Town Wetland Map _____
- Wetland Delineation Done By _____ Date _____

Wetland Boundary Survey Located? Yes ___ No ___ Date: _____

The owner(s) hereby give(s) permission to the Town of Bedford, its agents, servants and employees, including consultants to the Town to enter upon the Property solely for the purposes incidental to the within application (including without limit, inspection of the project after completion) at reasonable times upon reasonable notice to the owner or tenant in possession, which notice may be by telephone. If the applicant is different than the owner(s), the owner(s) hereby approves this application and consents to the applicant acting as agent for the owner in submitting this application and the applicant accepts its designation as agent for the owner(s).

Signature of owner(s): _____
(All owners must sign) *Print name/title:* _____

Date: _____

Print name/title: _____

Date: _____

Signature of applicant: _____
(If different) *Print name/title:* _____

Date: _____