

# NOI/ANRAD Cover Sheet

Project Address: \_\_\_\_\_

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**Contact Information Required**

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Applicant Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner Name (if different): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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**ConsCom Use Only Below This Line**

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DEP File #: \_\_\_\_\_ Filing Date: \_\_\_\_\_

Local Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

State Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Legal Ad: \_\_\_\_\_ Abutters Notifications: \_\_\_\_\_

Notes:

Public Hearing Closed: \_\_\_\_\_ Determination: \_\_\_\_\_

Issue Date: \_\_\_\_\_ CoC Issued: \_\_\_\_\_