TOWN OF CHATHAM CONSERVATION COMMISSION Administrative Review Application Form

Fee: \$25

	1800). N	CC. 923		
Date of Receipt FOR OFFICIAL USE ONLY:	E-MAI 5 13		GEIVED MAY 01 2019	Fee Paid
Date of Site Inspection: Is Additional Filing Required Decision: Decision Date:	siii no appror	ed le		
Conditions of the Decision:				
Please provide the information below:				
Project Address:	450 Old Harbor Road			
Name of Property Owner:	Susan B. Morgan			
Applicant's Phone #:	508-776-8444			
If applicable: Name of Applicant's Contractor/Representative:	J. Thad	deus Eldredge, PLS		
SHE CHARLES AND AND SHEDER WORLD AND CHARLES AND		ese-llc.com		
Representative's Phone Number: 50		5-3965		
Please answer YES or NO to	the following qu	estions:		
Will the proposed work take place within a Resource Area? If yes, identify the Resource Area.		Yes, see narrative		
Will the proposed work take 50 feet of a Resource Area?	Yes see narrative			

Yes, see narrative

the Resource Area.