



Town of Hull

PLANNING BOARD

TEL: (781) 925-2117

FAX: (781) 925-8509

253 ATLANTIC AVE

HULL, MASSACHUSETTS 02045

SITE PLAN REVIEW APPLICATION

(Please fill out and submit to the Building Commissioner)

Name of Applicant: _____

Representative: _____

Address: _____

Tel. No. _____

Project Name: _____

Project Address: _____

Assessors Map No. _____

Lot No. _____

Type of Project: _____

Estimated cost: _____

(Fee 1/10 of 1% but not less than \$200.00 or more than \$1,000.00.)

In accordance with Article IV, Section 40 of the Town of Hull Zoning Bylaws, I have reviewed the enclosed plans as submitted to me under Section 40-3, paragraph B (SEE ATTACHED) for the above Listed property and the cost is estimated above.

Peter Lombardo
Building Commissioner

Date Received by Planning Board

