Town of Lincoln

ADMINISTRATIVE SUBDIVISION

Project Name:_____

Assessor's Plat:_____ Lot(s):_____

Date Certified as Complete:_____

Applicant's Name, Address, and Telephone Number:

_____

_____

Owner of the Parcel's Name, Address, and Telephone Number:

_____

_____

Description of Project:_____

_____

Action Taken by the Administrative Officer:

☐ Application Approved Date:_____

☐ Application Denied Date:_____

☐ Referred to Planning Board for hearing on:_____

Final Plan Received for Recording:_____

_____Administrative Officer