



Planning Board

Town of Salisbury
5 Beach Road
Salisbury, MA 01952

Request for Certificate of Completion

Date _____

1. This request is being made by:

Name: _____

Mailing address: _____

Phone & Fax: _____

E-mail: _____

2. This request is in reference to the work regulated by:

Name of Plan: _____

Address of Project: _____

Date of Approved Plan: _____

Map/Lot: _____

Owner: _____

Owner's Address: _____

Applicant (if other than owner): _____

Applicant's Address: _____

3. This request is for certification that:

___ the work regulated by the Site Plan Approval has been satisfactorily completed

___ the work regulated by the above site plan approval is substantially completed and
the only remaining work shown on the site plan is the landscaping or minor site work.

___ the above reference approval has expired and therefore is no longer valid and the
work was never started.

The undersigned hereby certifies that:

1. S/he is the applicant or engineer representative for the above project;
2. The site developments described by the site plan documents have been installed on the project site;
3. The conditions of the Planning Board's approval have been substantially met. It is understood that a bond will be posted to cover any outstanding issues.

Printed Name of Applicant/Engineer

Signature of Applicant/Engineer

Date

Contact phone #

Planning Board's Inspector has 10 calendar days from the filing of this application to conduct a final inspection (Zoning Bylaw Section XVIII. §300-112.H)