LISBON PLANNING AND ZONING COMMISSION

**SITE PLAN/SUBDIVISION FIELD MODIFICATION**

ADMINISTRATIVE ACTION FORM

**TITLE OF PLAN:**

_____

**LOCATION:**

_____

**MODIFICATION REQUESTED BY** (Name, address):

_____

Phone: _____ Email: _____

**DESCRIPTION OF REQUESTED MODIFICATION** (add sheet if necessary):

_____

_____

_____

_____

_____

_____

**ACTION**: ☐ APPROVED ☐ DENIED

COMMENTS/DIRECTIVES:_____

_____

_____

**ROUTED TO**: ☐ First Selectman ☐ BO/ZEO ☐ Fire Marshal

☐ Health Dept ☐ Utility Company ☐ File

☐ Other_____

_____ _____

PZC/TOWN PLANNER DATE

Rev. 9/10/2020