



TOWN OF MATTAPOISETT
Conservation Commission
16 Main Street
Mattapoisett, MA 02739

Phone: (508)758-4100 ext 219

Fax: (508)758-3030

Site Inspection Report

Name of Person Making Request _____

Date _____

Mailing Address _____

Street Location of Property To Be Viewed _____

City/Town, State _____

Zip Code _____

Assessors Map and Lot Number _____

Telephone Number(s) _____

Signature of Person Making Request _____

Name of Owner of Site To Be Viewed _____

Print Name _____

If the person making this request is NOT the property owner, the person is:

Real Estate Broker Engineer Contractor Consultant Other (explain) _____

Reason for Inspection: (house, addition, etc.) _____

DO NOT WRITE BELOW THIS LINE

Alleged Violation(s)/Enforcement Order _____

Request for Cert. Of Compliance: _____ Hearing Date _____ DEP File No. _____ Request for Amended Order of Conditions _____ Hearing Date _____ DEP File No. _____

Notice of Intent _____ Hearing Date _____ DEP File No. _____ ANRAD _____ Hearing Date _____ DEP File No. _____ RDA _____ Hearing Date _____ DEP File No. _____

Wetland Verification: _____

Property Owner Present: _____

Wetlands Protection Act/FEMA _____

Results of Commission's Review: _____

Date of Inspection _____

Conservation Agent _____