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 Number _____ Assessors 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

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☐**Alleged Violation(s)/Enforcement Order** _____

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

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

☐**Wetland Verification:** _____

Property Owner Present: _____

Wetlands Protection Act/FEMA_____

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Results of Commission's Review:_____

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_____ _____
Date of Inspection **Conservation Agent**