



CAPE COD  
COMMISSION

# Application Cover Sheet

**Cape Cod Commission**  
3225 Main Street, PO Box 226  
Barnstable, MA 02630  
Tel: (508) 362-3828 • Fax: (508) 362-3136

**For Commission Use Only**

**Date Received:**  
**Fee (\$):**  
**Check No:**  
**File No:**

**A Type of Application** (check all that apply)

Development of Regional Impact (DRI)  
DRI Scoping

DRI Exemption  
Hardship Exemption  
Jurisdictional Determination

Request for Joint MEPA/DRI Review  
Decision Extension  
Decision Modification

**B Project Information**

Project Name: \_\_\_\_\_ Total Site Acreage: \_\_\_\_\_

Project/Property Location: \_\_\_\_\_ Zoning: \_\_\_\_\_

Brief Project Description:

Include total square footage of proposed and existing development, gross floor area, number of lots existing or to be created, specific uses, description of existing conditions, as applicable (attach additional sheets if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C Owner(s) of Record**

List the following information for all involved parcels. Provide copies of each Deed and Purchase and Sale Agreement and/or evidence of leasehold interest, if applicable, for all involved parcels. Proof of ownership/legal rights for Applicant(s) to proceed with the proposed development must be documented prior to the Commission deeming any application complete. List the local, state, or federal agencies from which permits or other actions have been/will be filed (attach additional sheets if necessary).

Map/Parcel	Owner's Name	Lot & Plan	Land Court Certificate of Title #	Registry of Deeds Book/Page #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

There **ARE/ARE NOT** (circle one) court claims, pending or completed, involving this property (if yes, please attach relevant information).

Is there an existing CCC Decision for the Property?  yes  no (if so, recording information for decision, please attach relevant information).

**D Certification**

I hereby certify that all information provided on this application form and in the required attachments is true and accurate to the best of my knowledge. I agree to notify the Cape Cod Commission of any changes on the information provided in this application, in writing, as soon as is practicable. I understand failure to provide the required information and any fees may result in a procedural denial of my project.

**NOTE: For wireless communication facilities, a licensed carrier should be either an applicant or a co-applicant.**

<b>APPLICANT</b>	<b>Applicant(s) Name:</b> _____ Tel: _____ Fax: _____
	Address: _____
	Signature: _____ Date: _____

<b>CO-APPLICANT</b>	<b>Co-Applicant(s) Name:</b> _____ Tel: _____ Fax: _____
	Address: _____
	Signature: _____ Date: _____

<b>CONTACT</b>	<b>Contact:</b> _____ Tel: _____ Fax: _____
	Address: _____
	Signature: _____ Date: _____

<b>PROPERTY OWNER</b>	<b>Property Owner:</b> _____ Tel: _____ Fax: _____
	Address: _____
	Signature: _____ Date: _____

<b>BILLABLE ENTITY</b>	<b>Name:</b> _____ Tel: _____ Fax: _____
	Address: _____