## 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:

Type of Application (check all that  Development Agreement		Three-Party Agreement
Notice of Intent	Two-Party Agreement  Modification	Tillee-Falty Agreement
Project Information		
roject Name:	Tot	al Land Area Subject to
equested Participating Parties:	Do	velopment Agreement:
roject/Property Location:		
rief Project Description: clude total square footage of proposed and existing onditions, as applicable (attach additional sheets if r	development, gross floor area, number of lots existing or to necessary).	be created, specific uses, description of existing and
kisting zoning of the site and any proposed z	oning amendments required by the Development Agr	eement:
ist the local, state, or federal agencies from w	hich permits or other actions have been/will be filed:	
roposed duration of the Development Agreen	nent:	
Owner(s) of Record  ist the following information for all involved pa	arcels Provide copies of each Deed and Purchase a	nd Sale Agreement and/or evidence of leaseh
ist the following information for all involved paterest, if applicable, for all involved parcels.  socumented prior to the Commission deeming	arcels. Provide copies of each Deed and Purchase a Proof of ownership/legal rights for Applicant(s) to pro any application complete (attach additional sheets if Lot & Plan Land Court Certificate	ceed with the proposed development must be necessary).
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See "Guidance Document," Project Review for Application Requisite.