



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 Agreement Two-Party Agreement Three-Party Agreement
Notice of Intent Modification

B Project Information

Project Name: _____ Total Land Area Subject to
Requested Participating Parties: _____ Development Agreement: _____
Project/Property Location: _____
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 and conditions, as applicable (attach additional sheets if necessary).

Existing zoning of the site and any proposed zoning amendments required by the Development Agreement: _____

List the local, state, or federal agencies from which permits or other actions have been/will be filed: _____

Proposed duration of the Development Agreement: _____

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 (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.

QUALIFIED
APPLICANT

Name: _____ Tel: _____ Fax: _____
Address: _____
Signature: _____ Date: _____

QUALIFIED
APPLICANT

Name: _____ Tel: _____ Fax: _____
Address: _____
Signature: _____ Date: _____