

<b>TCCAP NUMBER:</b>
<b>ADDRESS:</b>
<b>APPLICANT:</b>

**TOPSFIELD CONSERVATION COMMISSION  
ADMINISTRATOR PERMIT (TCCAP)  
APPLICATION**

Note: The TCCAP process includes review of this application, a pre-activity inspection including review of relevant Resource Areas and proposed work/activities, issuance of a permit with conditions (where criteria are met), and a post-activity inspection.

**Applicant(s):**

_____	_____
Name(s)	E-mail Address
_____	_____
Phone Number	Fax Number (if applicable)

**Project Location:** \_\_\_\_\_ **Map:** \_\_\_\_\_ **Lot:** \_\_\_\_\_  
(Address)

**Resource Area(s):** \_\_\_\_\_  
\_\_\_\_\_

**Requested activity/work description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plan or Sketch Attached:** \_\_\_\_\_  
(Title and Date)

(Show property boundaries, existing structures, and other relevant features, approximate Resource Area boundaries, and distance(s) of proposed activities from those boundaries.)

**Signature of Applicant(s):** \_\_\_\_\_

**Filing Date:** \_\_\_\_\_ **\$50.00 fee paid** \_\_\_\_\_  
(Date)

**Site Visit Date:** \_\_\_\_\_ **Issuance/Denial Date:** \_\_\_\_\_ **Initials:** \_\_\_\_\_