

FILE NUMBER (TCC Number)

ADDRESS

APPLICANT

**TOPSFIELD CONSERVATION COMMISSION  
REQUEST FOR DETERMINATION OF  
NEGLECTIBLE IMPACT**

**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:** \_\_\_\_\_ **\$75.00 fee paid** \_\_\_\_\_  
(Date)