

FILE NUMBER (TCC Number)
ADDRESS
APPLICANT

**TOPSFIELD CONSERVATION COMMISSION
REQUEST FOR DETERMINATION OF
NEGLIGIBLE 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: _____ **\$50.00 fee paid** _____
(Date)