

ZONING

260 Attachment 10

Town of Lincoln

CERTIFICATE OF COMPLETENESS
TOWN OF LINCOLN – ZONING BOARD OF REVIEW

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone Number: _____

Project's Address: _____

Assessor's Plat: _____ Lot(s): _____

Owner of Parcel (if different from applicant): _____

Address: _____

Telephone Number: _____

Attorney's Name, Address, and Telephone Number:

Type of Zoning Application (Use Variance, Dimensional Variance, Special Use Permit):

Date filed: _____ Application Number: _____

Description of Project: _____

Action Taken by the Zoning Enforcement Officer:

• Zoning Application is Certified as Complete Date: _____

Referred to Zoning Board for hearing on: _____

• Application has Deficiencies – see attached Deficiency Report Date: _____

_____ Zoning Enforcement Officer