



**Town of Barnstable  
Conservation Commission**  
200 Main Street  
Hyannis Massachusetts 02601

Office: 508-862-4093  
FAX: 508-778-2412

**Form A**

For SE3-\_\_\_\_\_

**ALL PARTIES INVOLVED WITH THIS PROJECT MUST SIGN THIS STATEMENT**

The undersigned confirm that they have read and understand the Notice of Intent, Order of Conditions, and approved plans for the project. The undersigned also understand that subsequent plan revisions shall require advance approval by the Conservation Commission.

Please sign name on this line.      Please print name on this line.

_____	_____	_____	_____
Property Owner		Date	Date of Birth
_____	_____	_____	_____
Applicant (if different)		Date	Date of Birth
_____	_____	_____	_____
Project Supervisor		Date	Date of Birth
_____	_____	_____	_____
Alternate Project Supervisor		Date	Date of Birth
_____	_____	_____	_____
Other (Please Specify)		Date	Date of Birth
_____	_____	_____	_____
Other (Please Specify)		Date	Date of Birth

Return this form to:      Barnstable Conservation Commission  
200 Main Street  
Hyannis, MA 02601  
Fax: 508-778-2412