



# The Town of Barnstable

## Office of Town Manager

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**John C. Klimm, Town Manager**

TO : Applicant for flammable or Explosive Materials Storage License  
FROM : Thomas F. Geiler, Licensing Agent  
SUBJECT: Pre-application Procedure

Prior to filing an application for a license to authorize the use of a specific parcel of land for the storage of flammables or explosives stored in a building(s) or structure(s) applicants are required to review the proposal with officials of the Health Department, Conservation Department and Building Department (Zoning).

This review is to assist the applicant in understanding any requirements of the Zoning, Health, or Conservation Departments which may apply to the proposed project. A few minutes spent early in the process in this area should prevent surprise or complications in the later stages of the process.

The applicant is required to complete a Licensed Premises Zoning Approval form and have the form reviewed and signed by an official of the Building Department. The signed form is to be submitted with the application submitted to the Town Manager's Office.

In addition, the applicant is required to have this form signed by officials of the Health Department and the Conservation Department and include this completed form with the application submitted to the Town Manager's Office.

The signatures of the Health Department and Conservation Department officials on this form is not intended to indicate approval or authorization, and is intended only to indicate that the applicant has discussed the project with officials of the Health and Conservation Department and been advised of requirements of the respective departments.

Health Department Official \_\_\_\_\_ Date: \_\_\_\_\_

Conservation Department Official \_\_\_\_\_ Date: \_\_\_\_\_

Completed application for license attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

Completed Licensed Premises Zoning Approval Form attached? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

Application Fee \$100.00 paid? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name/Location

of

applicant:

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