

TOWN OF HARWICH  
732 Main Street  
Harwich, MA 02645

CONSERVATION  
DEPARTMENT

(508) 430-7538

# \_\_\_\_\_

TOWN OF HARWICH CONSERVATION DEPARTMENT  
APPLICATION FOR PROJECTS  
REQUESTING ADMINISTRATIVE REVIEW

DATE \_\_\_\_\_

REPRESENTATIVE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

ADDRESS OF  
PROPOSED WORK \_\_\_\_\_ MAP \_\_\_\_\_ PARCEL \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

YES NO

- |  |       |       |
|--|-------|-------|
| 1. Will proposed work take place within 50 ft. of any resource area? | _____ | _____ |
| 2. Is excavation by machinery required?                              | _____ | _____ |
| 3. Is uprooting of vegetation or mowing to the ground proposed?      | _____ | _____ |
| 4. Is tree removal proposed?   | _____ | _____ |
| 5. Is pruning of trees proposed?                                     | _____ | _____ |
| 6. Is cutting of shrubs proposed?                                    | _____ | _____ |
| 7. Is removal of briars, brambles or bittersweet vine proposed?      | _____ | _____ |
| 8. Is removal of poison ivy proposed?                                | _____ | _____ |
| 9. Is planting proposed?   | _____ | _____ |

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***FOR OFFICE USE ONLY***

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**SITE INSPECTION DATE:** \_\_\_\_\_

**COMMENTS:**

**CONSERVATION ADMINISTRATOR** \_\_\_\_\_

**DATE APPROVED:** \_\_\_\_\_

**DATE DENIED:** \_\_\_\_\_

**DATE OF COMPLETION:** \_\_\_\_\_

**DATE OF FINAL INSPECTION:** \_\_\_\_\_