



CITY OF NEWBURYPORT
CONSERVATION COMMISSION
60 PLEASANT STREET
NEWBURYPORT, MA 01950
978-465-4462

PERMIT COMPLIANCE CONTACT FORM

INSTRUCTIONS

Please complete the permit compliance contact form on the following page and return to the Conservation Administrator prior to the start of construction.

The purpose of this form is to ensure proper contact information for compliance with the permit (Order of Conditions) and follow-through with application for the Certificate of Compliance at the conclusion of construction.

Please Note:

1. No work shall begin on site until this form has been completed and received by the Conservation Administrator. The form may be hand delivered or mailed, faxed to 978-465-4452, or sent by email to: jgodtfredsen@cityofnewburyport.com.
2. Any changes to the responsible parties and/or their contact information that occur during the course of construction shall be immediately supplied to the Conservation Administrator on an updated form. Forms are downloadable from the Commission's website at: <http://www.cityofnewburyport.com/conservation-commission>
3. The Request for Certificate of Compliance must be submitted by the applicant at the completion of construction and prior to the expiration date of the Order of Conditions. If the Request for Certificate of Compliance is not submitted prior to the expiration date of the Order of Conditions, the applicant will be in violation of permit conditions and may be subject to enforcement action.

NEWBURYPORT CONSERVATION COMMISSION PERMIT COMPLIANCE CONTACT FORM

Please complete the form below to identify the individuals responsible for compliance with the terms and conditions of the Order of Conditions and submission of the Request for Certificate of Compliance.

PROJECT ADDRESS: _____

DEP FILE #: _____

DATE: _____

ORDER OF CONDITIONS DATE: _____

EXPIRATION DATE: _____

PROPERTY OWNER: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

CONTRACTOR/CONSULTANT: _____

(OR PARTY RESPONSIBLE FOR IMPLEMENTATION OF THE PROJECT)

ADDRESS: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

ADDITIONAL RESPONSIBLE PARTY: _____

(OR CHANGE/UPDATE TO INFORMATION ABOVE)

ADDRESS: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

**Submit to: Conservation Commission, 60 Pleasant Street, Newburyport MA, 01950 or
by email to: Julia Godtfredsen at: jgodtfredsen@cityofnewburyport.com**