



TOWN OF GROTON
SITE/SUBDIVISION PLAN FIELD MODIFICATION
ADMINISTRATIVE ACTION FORM

TITLE OF PLAN: _____

LOCATION: _____

MODIFICATION REQUESTED BY (Name, address):

_____ Phone: _____ Fax: _____

DESCRIPTION OF REQUESTED MODIFICATION (Be Specific):

PLANNING DEPARTMENT ACTION: APPROVED DENIED

COMMENTS: _____

ROUTED TO: Public Works Building Official Fire Marshal
 Ledge Light Health Utility Company File
 Other _____

Director of Planning and Development
or designee

DATE: _____

12/04