Town of Stow Conservation Commission

Form W
Request for Waiver

Date: _____ DEP File No. _____

Name: _____ Telephone: _____

Mailing Address: _____

Location of Work: _____

Map & Parcel: _____ Title Book & Page: _____

Waiver Requested: _____

_____

_____

_____

Reason for Requesting Waiver_____

_____

_____

_____

DO NOT WRITE BELOW THIS LINE

Conservation Commission Use Only

☐ Date Received: _____

☐ Denied

☐ Approved

☐ Conditions Attached