
Town of Lincoln

CERTIFICATE OF COMPLETENESS

Project Name: _____

Assessor's Plat: _____ Lot(s): _____

Date filed: _____

Applicant's Name, Address, and Telephone Number:

Owner of the Parcel's Name, Address, and Telephone Number:

Type of Subdivision (administrative, minor, major) _____

Description of Project: _____

Action Taken by the Administrative Officer:

Application is Certified as Complete Date: _____

Referred to Planning Board for hearing on: _____

Application has Deficiencies – see attached Deficiency Report Date: _____

_____ Administrative Officer
