



**TOWN OF ANDOVER – Conservation Division  
 REQUEST FOR FINAL INSPECTION AND  
 SATISFACTORY COMPLETION OF WORK CERTIFICATE  
 FOR DETERMINATION OF APPLICABILITY**

Permit  
 Number

DA

**A. Project Information**

**1. Applicant: (*Person making this request*)**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**2. This Certificate is issued for work regulated by a final Determination of Applicability**

(Issued to) Name \_\_\_\_\_

Dated \_\_\_\_\_ DA Permit Number \_\_\_\_\_

**3. The project site is located at:**

Street Address \_\_\_\_\_ Andover City/Town \_\_\_\_\_

Assessors Map Number \_\_\_\_\_ Lot Number \_\_\_\_\_

**The Final Determination of Applicability was recorded at the Registry of Deeds for:**

Property Owner Name \_\_\_\_\_

Essex North Division County \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_

Certificate \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_