

APPROVAL IS NOT EFFECTIVE UNTIL SIGNED BY ALL PARTIES.

Renewal for continuance is required: _____

Your cooperation is required in complying with the provisions of this conditional approval as stated. Please indicate your agreement to the foregoing conditions by signing below where appropriate.

If you have any questions regarding this approval and agreement, please contact the Chairman of this Board through the Town of Cambria Zoning Officer located at the Town Hall.

Additional Conditions for Special Events Permit

- 1.
- 2.
- 3.

Owner _____

Applicant _____

By _____
Chairman, Town of Cambria Planning Board

Date of Approval _____/_____/_____