TOWN OF WARWICK PLANNING BOARD ESCROW ACCOUNT FOR CONSULTANT REVIEW

DATE:			
APPLICANT:			
ADDRESS & PHONE:			
PROJECT NAME:			
LOCATION:	S	B	L
DESCRIPTION OF PROJEC	Г:		
AMOUNT REOUIRED:	MINIMU	M BALANCE:	
(see	schedule of fees) MINIMU	_	(40% of required amount)*
*Should the balance of this ac requested to replenish the acco	count fall below 40% of the requount to the required amount.	iired amount yo	u will be notified and
you place in escrow sufficient consultant review required thr §75-3A.(1)(b) and §75-3A.(2)	wick Planning Board to review y funds to be used to reimburse co oughout the entire Planning Boa (a)[1]. The final plans will not be sted by the Planning Board Secre-	osts incurred by rd process as pe be signed by the	the Town for all r Town of Warwick Code
set forth in Chapter 75 and els	provide for the other scheduled of ewhere, for which the applicant ued review of the application.		
For your records, copies of inv Planning Board Secretary.	voices detailing services rendered	d will be forwar	ded to you by the
approved, after all conditions	ard Secretary in writing if you hat are met and the plans are signed and upon receipt of a written requa	by the Planning	• • •
The Applicant agrees to the te	rms and conditions herein:		
Applicant Name (Print)	Applicant (Signature)		Date