

**TOWN OF LEXINGTON
COMMUNITY PRESERVATION COMMITTEE**

PROJECT APPLICATION SUMMARY FORM

Project Title: _____

APPLICANT INFORMATION

Name of Applicant/Contact Person: _____

Title/Position: _____

Group or Committee Affiliation (if any):

Applicant/Contact Person's address, contact phone number, and email:

PROJECT INFORMATION

Project Site Address:

Project Site Assessors Map/Parcel: _____

Project Site Deed Book/Page: _____

Current Owner: _____

Purpose (please check all that apply)

- _____ Open Space
- _____ Historic
- _____ Recreation
- _____ Housing

Brief Project Description:

COSTS

Fiscal Year	Total Project Cost	CPC Funds Requested	Other Funding Sources (amount and source)
2025			
2026			
2027			
2028			
2029			
2030			
TOTAL			

Signature of Applicant: _____ Date: _____

<u>For Community Preservation Committee Use Only:</u>	
Application Received On: _____	Project Presented to CPC on: _____
Reviewed by: _____	Determination: _____

Please use this page to provide any additional information: