Fee: \$50
Check#
Cash □ Other



Date Received:		
By:	M/L:	_
District: _		_
Case#		_
Hearing Da	te:	_

AMENDED SITE PLAN APPLICATION

NOTE: This application is not acceptable unless all required statements have been made. Additional information may be supplied on a separate sheet if the space provided is inadequate.

may be supplied on a separate sheet i	ij the space provided is madequate.	
Applicant's Name:		
Owner or Agent Name of Property Owner, if different	:	
Owner's Phone #/Email:		
Agent's Address:		
Agent's Phone #/Email:	ission to represent owner must be submitted wit	th application.
Property/Project Street Address:		
	Feet of Frontage:	
Location is in the following Overlay D Shoreland Protection Wetlands Conservation Is this project: Non-Resident Permission for Planning Board to accommode and the proposed project:	Historic District Floodplain Multi-family (3 or more units)	Pemigewasset N/A Mixed Use Occupancy NO
Provide a description of the changes l	_	
2.		
<u></u>		

3		
4		
process of this property s Signature of Applicant/Ag For your use on the Site I		
Simply cut-out and tape/p	paste these two blocks on your site plan and fill-in the Appli	cant information requested
	Applicant Information	
	Name:	
	Street Address:	
	Tax map/Lot #	
		_
	Approval Block - Planning Board Use Only	
	Date of Planning Board Approval:	
	Expiration Date:	
	Chair Signature	