

## **TOWN OF NORTH YARMOUTH**

## PLANNING BOARD REQUEST FOR HEARING

NAME OF APPLICANT:EMAIL:		PHONE #:
		ALT DUONE!
FULL ADDRESS:		3
PROPERTY ADDRESS:		
MAP: LOT	: ZONE:	<u> </u>
AGENT/REPRESENTATI	VE (if other):	PHONE #:
	· · · · · · · · · · · · · · · · · · ·	
The undersigned reques	sts the North Yarmouth Plann	ing Board consider the following application for:
Pre-application Sketch Plan Review		Major Subdivision
Minor Subdivi	sion	Site Plan Review
Contract Zonii	ng	
Other (Specify	y):	
than (fourteen) Applications sha applicable ordin 2. All applications s requirements fo 3. All materials in c	14 days prior to the regular manuall be accompanied by all appliance(s), checklists and fee schedling include all materials and rm.  Tolor shall be copied in color.	filed at the Code Enforcement Office no later eeting of the Board (2 <sup>nd</sup> Tuesday monthly). cations fee and materials required by the ledule. copies as specified on the submittal
and the development as accurate and is in accor waivers are requested. authorized to enter the improvements as a resu	on to the Town of North Yarm s described. To the best of m dance with the Zoning and Su The Town of North Yarmouth property(ies) for purposes of It of an approval of this propo	nouth for the above-referenced property(ies) y knowledge, the information provided herein is bdivision Ordinances of the Town, except where a Planning Board and/or town employees are reviewing this proposal and for inspecting osal. I understand that I am responsible for at all meetings before the Planning Board.
Signature:		Date:
Printed Name:	-	
Please identify yoursel	f (check one): Agent*:	Property Owner: