



TOWN OF WAKEFIELD PLANNING BOARD

2 High Street, Sanbornville, NH 03872

Phone: (603)522-6205 Ext. 309
Fax: (603) 522-2295

(For Office Use Only)

Date Rec'd: _____ By: _____
Tax Map: _____ Lot: _____

FEES:

Application Fee: \$100
Public Notice: \$121 per submission
Abutters: _____ @ \$6.75 each _____
Recording fee: _____ **Other:** _____
Total received: _____ cash check# _____

CONDITIONAL USE PERMIT APPLICATION

Is this application related to a Site Plan Application? Yes _____ No _____

Tax Map: _____ Lot(s): _____ Zoning District: _____ Overlay _____

Property Address: _____

Name of Applicant/Agent: _____

Address: _____

Telephone: _____ E-mail: _____ Fax: _____

Name of Property Owner: _____

Address: _____

Telephone: _____ E-mail: _____ Fax: _____

Existing Use(s) of land) i.e. residential, farmland, wood lot, etc.): _____

Proposed Use(s): _____

Proposal Description: _____

Information for Licensed Professionals such as Engineer, Land Surveyor, Architect and Soil Scientist:

Name: _____

Address: _____

Telephone: _____ E-mail: _____ Fax: _____

Name: _____

Address: _____

Telephone: _____ E-mail: _____ Fax: _____

Certification and Agreement: To the best of my knowledge, all information submitted on this Application is true and correct. All proposed development will be in conformance with the information contained on the Application, and in the approved plan as well as the provisions of Town Ordinances and Regulations.

The owner/agent by filing an application hereby gives permission for the Code Enforcement Officer or other Planning Board designee to enter the property which is the subject of the application with twenty-four (24) hours' notice for the purpose of inspection as may be appropriate.

Applicant/Agent Signature: _____ **Date:** _____

Applicant/Agent Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

SIGNATURE PAGE MUST BE ORIGINALLY SIGNED, OR APPLICATION WILL NOT BE PROCESSED.

