



# TOWN OF WAKEFIELD PLANNING BOARD

2 High Street, Sanbornville, NH 03872  
Land Use Department  
Phone: (603) 522-6205 Ext. 312  
Fax: (603) 522-2295

(For Office Use Only)

Date Rec'd: \_\_\_\_\_ By: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Lot: \_\_\_\_\_

**FEES:**

**Application Fee:** \$100

**Public Notice:** \$125 per submission

**Abutters:** \_\_\_\_\_ @ \$\* each \_\_\_\_\_

\*per current U.S. Postal Service rate

**Prof. Review:** \_\_\_\_\_ \$150

Total received: \_\_\_\_\_ 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.**

