



# TOWN OF WAKEFIELD PLANNING BOARD

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

(For Office Use Only)

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

**FEES:**

**Application Fee:** \$200

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

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

\*Per current U.S. Postal Service rates

**Recording fee:** \_\_\_\_\_

**Prof. Review:** \$250 \_\_\_\_\_

Total received: \_\_\_\_\_ check# \_\_\_\_\_

## REQUEST FOR AMENDMENT TO SUBDIVISION PLAN OR CONDITIONS OF APPROVAL

Tax Map: \_\_\_\_\_ Lot(s): \_\_\_\_\_ Zoning District: \_\_\_\_\_ Overlay \_\_\_\_\_

Name of Project: \_\_\_\_\_

Date of Original Planning Board Approval: \_\_\_\_\_

Property Address: \_\_\_\_\_

Name of Applicant/Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Amendment Requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Amendment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.**

