

**CITY OF LEBANON
APPLICATION FOR**

SPECIAL EXCEPTION	<input type="checkbox"/>	<input type="checkbox"/>	SITE PLAN REVIEW
VARIANCE	<input type="checkbox"/>	<input type="checkbox"/>	SUBDIVISION
MOTION FOR REHEARING	<input type="checkbox"/>	<input type="checkbox"/>	LOT LINE ADJUSTMENT
APPEAL OF AN ADMIN. DECISION	<input type="checkbox"/>	<input type="checkbox"/>	CONDITIONAL USE PERMIT

OTHER _____

PROPERTY OWNER (APPLICANT):

NAME: _____ TEL.#: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

CO-APPLICANT, AGENT, OR LESSEE:

NAME: _____ TEL.#: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

PROJECT LOCATION:

TAX MAP #: _____ LOT#: _____ PLOT #: _____ ZONE: _____

STREET ADDRESS OF PROJECT: _____

IS THIS PROPERTY LOCATED IN THE: **WETLANDS** YES NO **HISTORIC DISTRICT** YES NO
 FLOOD PLAIN YES NO

SCOPE OF PROJECT:

TYPE OF OCCUPANCY:

EXISTING VACANT ONE FAMILY TWO FAMILY MULTI-FAMILY COMMERCIAL INDUSTRIAL
 PROPOSED VACANT ONE FAMILY TWO FAMILY MULTI-FAMILY COMMERCIAL INDUSTRIAL

IF USE IS **COMMERCIAL** OR **INDUSTRIAL**, PLEASE NOTE **SPECIFIC**

USE: _____

SIGNATURE BLOCK:

FOR PLANNING BOARD APPLICATIONS ONLY: I, the undersigned, hereby submit this application on the date noted below with the knowledge and understanding that the Planning Board shall determine if the submitted application is complete according to its regulations at its next regularly scheduled meeting on _____, 20____, unless I personally request, in writing, that the Board delay its determination of completeness to a later date.

PROPERTY OWNER: _____ DATE: _____

NOTE: IF, AS OWNER, YOU WISH TO DESIGNATE AN AGENT TO ACT ON YOUR BEHALF, PLEASE READ THE FOLLOWING AND SIGN BELOW: I hereby designate the person listed above as my agent for the purpose of procuring the necessary local permits for the proposed work as described herein. Representations made by my agent may be accepted as though made by me personally, and I understand that I am bound by any official decision made on the basis of such representation.

PROPERTY OWNER: _____ DATE: _____

DATE RECEIVED	FILE # (MAP/LOT)	APPLICATION #	FEE - \$ AMOUNT	DATE PAID	VOUCHER #