

CONCEPTUAL CONSULTATION APPLICATION

PLANNING BOARD
LYNDEBOROUGH, NH



Date Received: _____

Case # _____

Applicant or Agent for the Owner (If different than the property owner):

Name: _____

Address: _____

Telephone Number: _____

Property Owner(s) of Record:

Name: _____

Address: _____

Telephone Number: _____

Email: _____

Address of Site: _____

Tax Map(s) and Lot(s): _____

Zoning of Parcel: _____

Short Narrative of Proposed Request: _____

Signature by Applicant or Agent if Authorized by Owner: (Authorization Letter Attached)

_____ Date: _____