

# Town of Enfield, New Hampshire

## Planning Board

P.O. Box 373, 74 Lockehaven Road Street  
Enfield, NH 03748  
Tel. 603-632-4067 \* FAX 603-632-7391  
TDD 603-632-5026

### HEARING APPLICATION

NAME \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ MAP \_\_\_\_\_ LOT \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION OF PROPERTY \_\_\_\_\_

HEARING TYPE: \_\_\_\_\_ CONCEPTUAL \_\_\_\_\_ PUBLIC \_\_\_\_\_ OTHER \_\_\_\_\_

DESCRIPTION OF REQUEST: (Please check appropriate category and briefly describe project)

\_\_\_\_\_ SUBDIVISION \_\_\_\_\_ # OF LOTS \_\_\_\_\_ # OF ACRES

\_\_\_\_\_ BOUNDARY LINE ADJUSTMENT \_\_\_\_\_

\_\_\_\_\_ SITE PLAN REVIEW \_\_\_\_\_

\_\_\_\_\_ CHANGE OF USE \_\_\_\_\_

\_\_\_\_\_ HOME OCCUPATION \_\_\_\_\_

\_\_\_\_\_ SCENIC ROADS \_\_\_\_\_

\_\_\_\_\_ VOLUNTARY MERGER \_\_\_\_\_ # OF LOTS TO BE MERGED \_\_\_\_\_

\_\_\_\_\_ EXCAVATION \_\_\_\_\_

\_\_\_\_\_ OTHER \_\_\_\_\_

(Please furnish a sketch for the Planning Board to review)

Application is hereby made to the Enfield NH Planning Board for approval as described in the accompanying documentation. The applicant agrees that no changes in the first plan, as approved by the board, will be made unless a revised plan is submitted and approved by the board.

\_\_\_\_\_  
Signature Date

<p><b><u>For office use only</u></b></p> <p>Date received: _____</p> <p>Hearing date: _____</p> <p>File #: _____</p>
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Enfield Planning Board  
Enfield, NH

**LIST OF ABUTTERS**

**Applicant's name and address:**

**Name and address of agent and/or surveyor:**


Map	Lot	Name & address of property owner	Notice sent	Notice ret.

