

Date Received: _____

Fee Received: _____

Initials: _____

**PLANNING BOARD
TOWN OF NEW SHOREHAM
MYLAR REVIEW APPLICATION**

Assessor's Plat _____ Lots _____ Total Area of Lots _____

Name of Owner(s) _____

Mailing Address of Owner(s) _____

Location (Street Location /Description): _____

Zoning District(s) _____ Overlay(s) _____

Brief Description of Request: _____

Name, Address, and Phone and Fax Number of agent or representative (Whom we should contact for information, notices, etc.):

Signature of Owner(s) _____

All applications must include:

- Signed completed application form.
- 1 full size plan – mylar
- 2 full size plan - paper
- 1 11"x17" reduction of plan
- \$50.00 application fee
- Appropriate recording fees for Town Clerk's Office.

No reviews will be scheduled until the application is complete.