

Date Received _____

Fee _____

Initials _____

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

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

Name of Owner: _____

Mailing Address: _____

Email address: _____ Phone: _____

Location (Street Location/Description): _____

Zoning District: _____ Overlay: _____

Brief Description of Request: _____

Name, Address, Phone and email address representative (Whom we should contact for information, notices, etc.) _____

Appellant's Signature

Date

All applications must include:

- Signed completed application form
- 1 full size plan – mylar
- 2 full size plan – paper
- 1 11" X 17" reduction of plan
- \$50.00 application fee
- Appropriate recording fees for Town Clerks Office.

No reviews will be scheduled until the application is complete.