



PLANNING BOARD APPLICATION

Town of Gilford • Department of Planning and Land Use
47 Cherry Valley Road • Gilford, New Hampshire 03247
Phone: 603-527-4727 • Fax: 603-527-4731 • Email: planning@gilfordnh.org

Applicant Information

NAME: _____
MAILING ADDRESS: _____
PHONE: _____ FAX: _____ EMAIL: _____

Property Information

TAX MAP AND LOT NUMBER: _____ LAND AREA: _____
PROPERTY ADDRESS: _____
PROPERTY OWNER: _____
OWNER'S MAILING ADDRESS: _____
OWNER'S PHONE: _____ OWNER'S FAX: _____
OWNER'S SIGNATURE: _____ DATE: _____

Application Information

TYPE: Site Plan Subdivision
 Amended Site Plan Boundary Line Adjustment
 Home Occupation Permit Non Binding Preliminary Site Plan Review
 Change of Use Non Binding Preliminary Subdivision Review
 Master Signage Plan Conditional Use Permit

DESCRIBE PROPOSAL: _____

FOR SUBDIVISION-RELATED APPLICATIONS:

Current # of Lots: _____ Proposed # of Lots: _____ Proposed Lot Areas: _____

FOR SITE PLAN-RELATED APPLICATIONS:

Existing Use of Land: _____ Gilford Zoning Ord. Reference: _____
Proposed Use of Land: _____ Gilford Zoning Ord. Reference: _____

By signing below I certify that the information provided above is true and correct to the best of my knowledge and ability.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Zone: SFR LR NRR IR C RC PC I Fee: _____ Special Exception Needed: Yes/No
Overlay: Historic Wetland Airport Aquifer Other: _____ Date Received: _____ Received By: _____