



CITY OF LACONIA
PLANNING DEPARTMENT
 603-527-1264 (Phone) 603-524-2167 (Fax)

ADMINISTRATIVE REVIEW APPLICATION
 Ck # _____ Fee \$125.00

RECEIPT STAMP

Application #: _____

Project Name: _____

Street Address: _____

Applicant
 ADDRESS _____

PHONE _____
 FAX _____
 EMAIL _____

Owner
 ADDRESS _____

PHONE _____
 FAX _____
 EMAIL _____

Agent
 ADDRESS _____

PHONE _____
 FAX _____
 EMAIL _____

PROPERTY INFORMATION

Map _____ Street _____ Lot _____

Zoning District(s) _____

PROPOSAL DESCRIPTION - Use the space below to write a **COMPLETE, DETAILED DESCRIPTION** of the development proposal and how it will affect the existing use of the property. Use a separate sheet if necessary. **INCLUDE A SCALED PLAN with this form showing the property, buildings and other improvements. If any drainage work, grading, etc. is to be done two plans must be submitted.**

1. Existing use(s): _____

2. # of units existing _____ Sq. footage of each unit _____
3. #of proposed units _____ Sq. footage of each unit _____
4. Existing parking spaces _____ Striped _____ Unstriped _____
5. Proposal: _____

 Print Property Owner name

 Signature of Property Owner

 Date

 Print Applicant name

 Signature of Applicant

 Date