

**Town of Hebron
PO Box 188
Hebron, NH 03241
Phone & Fax (603) 744-2631**

PLANNING BOARD APPLICATION FOR LAND SUBDIVISION APPROVAL

Name of Owner _____ Phone: _____

Mailing Address: _____ City, State, Zip _____

Authorized Agent (if any) _____ Phone: _____

Mailing Address: _____ City, State, Zip _____

Location of Subdivision _____ Map and Lot # _____

Which Zoning District? _____ With Access to: _____
(Name of Road)

Survey Attached? _____ Surveyed By Registered Surveyor: _____

List all abutters (see definition on page SD-3)

_____	_____	_____
Name	Street	City, State, & Zip
_____	_____	_____
Name	Street	City, State, & Zip
_____	_____	_____
Name	Street	City, State, & Zip
_____	_____	_____
Name	Street	City, State, & Zip
_____	_____	_____
Name	Street	City, State, & Zip
_____	_____	_____
Name	Street	City, State, & Zip
_____	_____	_____
Name	Street	City, State, & Zip

I/We hereby grant a waiver to extend the 30 day consideration period to the next scheduled Planning Board public hearing that meets the statutory notification periods.

Signature of Applicant or Agent: _____

Fee of \$ _____ enclosed (see pages SD-10 and SD-11)

Date submitted _____

Applicant or Authorized Agent's Signature: _____