

Town of Ashland
PLANNING BOARD
20 HIGHLAND STREET – PO BOX 517 – ASHLAND, NH 03217
603-968-4432 – FAX 603-968-3776
landusepb@ashland.nh.gov

Date Received _____
By _____
WSPR# _____

Application for Waiver of a *Site Plan Review*

Property Owner Name(s) (Required on all applications) _____

Mailing Address: _____

Telephone: _____ Email Address: _____

Physical Address of Property: _____

Tax Map / Lot Number: _____ Zoning District: _____

Applicant/Tenant Name(s) (if different from above) _____

Mailing Address: _____

Telephone: _____ Email Address: _____

If commercial tenant, include business name & specific type of business: _____

I/We request that the Planning Board grant a waiver from *The Town of Ashland Site Plan Review Regulations* for the above named property. The sections of the regulations which I/we wish to be waived are:

Section #	Reason(s) for Waiver Request
_____	_____
_____	_____
_____	_____

Signature of Owner: _____ **Signature of Agent:** _____

PLANNING BOARD DISPOSITION:

A waiver from *The Town of Ashland Site Plan Review Regulations* for the above named property and for the following sections has been **granted**:

Section #	Conditions	Effective Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

A waiver from *The Town of Ashland Site Plan Review Regulations* for the above named property and for the following sections has been **denied**:

Section #	Reason(s) for Denial
_____	_____
_____	_____
_____	_____

Signature of Planning Board Chairman: _____ **Date:** _____