



PLANNING BOARD/STAFF REVIEW COMMITTEE APPLICATION TOWN OF GRAY MAINE

PROPERTY TO BE DEVELOPED

Property Location/Address	Property Map/Lot
Zoning District	Lot Acreage
Owner Name	Tax Sheet
Owner Address	Owner Phone

APPLICANT

Name (IF different than owner)	Contact Phone Number
Mailing Address	Alternate Phone Number
Mailing City/State/Zip	Fax Number
Email Address	

AGENT/CONSULTANT

Name	Contact Phone Number
Mailing Address	Alternate Phone Number
Mailing City/State/Zip	Fax Number
Email Address	

PROJECT

The undersigned requests that the Town of Gray Planning Board consider the following application for:

<input type="checkbox"/> Subdivision <input type="checkbox"/> Sketch Plan Review <input type="checkbox"/> Preliminary Plan Review (Major) <input type="checkbox"/> Final Plan Review (Major) <input type="checkbox"/> Minor <input type="checkbox"/> Site Plan Review <input type="checkbox"/> Pre-Application Conference <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Shoreland Zoning Permit	<input type="checkbox"/> Other (specify) <input type="checkbox"/> Conditional Use <input type="checkbox"/> Amendment <input type="checkbox"/> Extension <input type="checkbox"/> Workshop <input type="checkbox"/> Contract Zone Request
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Project Description / Comments:

Applicant Signature

Date