



Town Of Ashburnham Planning Board

Site Plan Review Application
Per Section 5.10 Of The Ashburnham Zoning Bylaw.

Date _____ (Check one) Minor Site Plan Review Major Site Plan Review Modification

Address: _____

Zoning District (Circle) VC B I R-A R-B LI-A LI-B GB WSP W **(VC District see § 5.107 of Zoning Bylaw)**

Owners Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Owners Signature: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Applicant Signature: _____

Proposed name of business: _____

Type of business: _____

Description of proposed business:

Copy of most recent tax bill and evidence of payment of taxes on all lots

Site Plan Review application or modification shall be accompanied by a filing fee, per the Planning Board's Fee Schedule Regulations.

For Planning Board Use Only		
File Date _____	Meeting Date _____	Decision Date _____ (File Date +< 60 days)
Fee: _____	Paid: Yes ___ No ___	Vote: