

## TOWN OF WAYLAND MASSACHUSETTS 01778 PLANNNING BOARD

TOWN BUILDING 41 COCHITUATE ROAD TELEPHONE: (508) 358-3778

## **APPLICATION FOR HEARING**

ONING INFORMATION         Zoning District       Overlay District         Present Use       Proposed Use         OWNER INFORMATION       Proposed Use         Name       Telephone Number         Address       or Land Court Cert. No.         PPLICANT INFORMATION (if different from owner information)       Telephone Number         Address       Telephone Number	OCATION OF SUBJECT PROPERTY			
Zoning District Overlay District   Present Use Proposed Use   WNER INFORMATION Telephone Number   Address or Land Court Cert. No.   Book, Page;   or Land Court Cert. No. Overlay District   PPLICANT INFORMATION (if different from owner information) Telephone Number   Address Telephone Number	# and Street Name	Plate	Parcel	Year Built
Present Use Proposed Use   WNER INFORMATION Telephone Number   Name Telephone Number   Address or Land Court Cert. No.   Book, Page; or Land Court Cert. No.   PPLICANT INFORMATION (if different from owner information) Telephone Number   Address Telephone Number	ONING INFORMATION			
WNER INFORMATION         Name       Telephone Number         Address	Zoning District		Ove	rlay District
Name Telephone Number   Address	Present Use		Proposed Use	
Address   Book,   Page;   or Land Court Cert. No.   AppLicANT INFORMATION (if different from owner information)   PPLICANT INFORMATION (if different from owner information)     Name   Address   TTORNEY/AGENT INFORMATION (if applicable)     Name   Address	WNER INFORMATION			
Book, Page; or Land Court Cert. No.   APPLICANT INFORMATION (if different from owner information)   Name   Name   Address     ATTORNEY/AGENT INFORMATION (if applicable)     Name   Address	Name		Tele	phone Number
APPLICANT INFORMATION (if different from owner information)         Name       Telephone Number         Address       Telephone Number         Attrok       Telephone Number         Name       Telephone Number         Name       Telephone Number         Address       Telephone Number	Address			
Address ATTORNEY/AGENT INFORMATION (if applicable) Name Telephone Number Address	Book, Page	e; or Land C	Court Cert. No.	
Address	PPLICANT INFORMATION (if diff	erent from owner inform	nation)	
ATTORNEY/AGENT INFORMATION (if applicable)         Name       Telephone Number         Address       Telephone Number	Name		Tele	phone Number
Name     Telephone Number       Address     Contraction	Address			
Address	ATTORNEY/AGENT INFORMATION	N (if applicable)		
	Name		Tele	phone Number
NARRATIVE (describe proposal)	Address			
	VARRATIVE (describe proposal)			

I hereby request a hearing before the Planning Board with reference to the above application, with supporting documentation submitted, and that the proposed work is authorized by the Owner of Records and I have been authorized by the owner to make this application as the agent.

Authorized	d Agent/Owner	Date	
I have submitted n	nine (9) sets, each including the follow	wing:	
Application	Certified Plot Plan Schematic	Architectural Plans 🗌 Board of Health Approval	
OFFICE USE ONL	LY:		
Scenic Road I Permit	Permit	Aquifer Protection Special	
Other			
Applicable Section	ons on Zoning By-Laws:		
Comments:			
Date:		Received and Recorded by the Town Clerk:	
		Signature of Town Clerk	