

Map _____ Lot _____ Sub _____

Town of Raymond
Planning Board Plan Review Committee Application
Adopted 10-09-02

NOTE: Fill out the check list on the back and note any reason why items are missing.
Applications will not be accepted unless checklist is complete and fees are paid. You will be
placed on the next available meeting seven days from submittal.

Street Number and Name _____

Zoning (circle all that apply): R RR VR-1 VR-2 LRR1 LRR2 C I

Property Owner of Record _____

Deed Information: Book _____ Page _____

Applicant Name: _____

Address: _____

Phone: ____ - ____ - ____ Fax: ____ - ____ - ____

eMail: _____@_____

Agent's Name: _____

Address: _____

Phone: ____ - ____ - ____ Fax: ____ - ____ - ____

eMail: _____@_____

Office Use Only	
Fees Pd.	
\$50	_____
\$400	_____

Proposed Activity

_____ Subdivision _____ Total Acreage _____ # of Lots

_____ Site Plan	Square Footage of Building(s)	_____ Use
	_____ Industrial	
	_____ Commercial	
	_____ # of Residential Units	

Immediate Concerns for Plan Review Committee:
