

**Town of Vonore
Planning Commission
Application for Site Plan**

APPLICANT NAME: _____

Address: _____

Phone Number: _____ Email: _____

PROPERTY OWNER NAME: _____

Address: _____

Phone Number: _____ Email: _____

NAME OF SITE PLAN PREPARER: _____

Phone Number: _____ Email: _____

DESCRIPTION OF PROPERTY:

Property Street Address: _____

Parcel(s) No.: _____ Tax Map No.: _____ Size of Tract: _____

Current Zoning District: _____

ATTACH SITE PLAN

Submitted by:

Signature

Date