MARION PLANNING BOARD FORM 4C

SITE PLAN APPLICATION

Date: _____

Applicant (If a corporation, names of President and Principal Contact):
_____

_____

Mailing Address: _____

Phone: (h)_____(c) _____E-Mail_____

Project Name and Address:
_____

Proposed Use:
_____
_____
_____

Acreage of Site: _____ Proposed Square Footage:_____

Plat: _____Lot: _____ Zoning District: _____

Fee Submitted (make checks payable to the Town of Marion) $_____
(Applicant will be responsible for advertising, mailing cost and review fees, if any)

Names, addresses and phone numbers of the licensed professionals who prepared the site plan:

1. _____

2. _____

The Applicant requests that the Planning Board proceed with Site Plan Review in accordance with Section 9 of the Zoning By-laws. Documentation attached is required by Form 4B dated _____.

Signature of Applicant: _____ Date _____
Signature of Property Owner: _____ Date _____