

**TOWN OF CHARLESTOWN
PLANNING COMMISSION
SUBDIVISION/LAND DEVELOPMENT APPLICATION FORM**



Date of Submission: _____

Name of Proposed Subdivision: _____

Type of Subdivision/Land Development Project: _____

Phase of Subdivision/Land Development Project: _____

Assessor's Plat and Lot Number(s): _____ Zoning District: _____

Address or Abutting Road Name(s): _____

Number of Proposed Lots: _____ Road Extension Proposed: no _____ yes _____

Applicant Name, Address and Contact Information:

Registered Land Surveyor, Professional Engineer, and/or Architect Name(s), Address(es),
Registration(s) and Contact Information:

Signature of Applicant: _____

Signature of Owner: _____
(If not applicant)

By the signature above, I hereby consent to the inspection of the above listed property by town officials for the purposes of the review of my application.