

Date Received:	
Application #:	
Received By:	
Date of Completion:	

## **PLANNING/ZONING BOARD APPLICATION**

the attachment "CERTIFICATION OF ON Name of Property Owner: Present Home Address (street, city, state, 2	applicant, provide the following information and WNER."  zip code): Work #:	_ _ _				
PROPERTY OWNER INFORMATION  If the owner is someone other than the attachment "CERTIFICATION OF OWN  Name of Property Owner:	WNER."	_				
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PROPERTY OWNER INFORMATION  If the owner is someone other than the attachment "CERTIFICATION OF OWNER INFORMATION"	WNER."					
PROPERTY OWNER INFORMATION	applicant, provide the following information and	refer to				
Address:						
Address:						
		<del>_</del>				
	ould the City reports and correspondence be sent:					
Applicant is a:Corporation		dividual				
Fax #:	Email:					
Home Phone #:	Work #:					
Present Home Address (street, city, state,	, zip code):					
Name of Applicant:						
APPLICANT INFORMATION						
		_				
Block:	Lot(s):					
Property Address:		_				
SUBJECT PROPERTY						
Informal Review/Concept Plan  ***If you are unfamiliar with the Gloucester City Ordinance requirements, please contact an attorney prior to completing this application.						
B Variance – Interpretation of Zon Map and/or Ordinance	ning					

Owner	Leasee	Purchaser Under Contract	Other
PROPERTY INFORMA	ATION		
Present/Existing Use o	f property:		
Proposed Use of prope	erty:		
Type of Road Frontage	<b>)</b> :		
State Highway	County Highwa	ay Municipal _	
Total area in square fee	et or acres:		
Frontage:	Depth:		
If corner lot, please spe	ecify both frontages:		
Are there restrictions, c	ovenants, easements, a	ssociation by-laws, existing or propose	ed on the property?
Yes (attach copies)	No	Proposed	-
Have there been any pr	revious applications filed	with respect to this property to the Glo	oucester City
Planning/Zoning Board	? Yes No	Month/Year	
ADDITIONAL DATA:			
List maps, reports, and	other material accompa	nying this application. Please include	the specific item,
who it was prepared by	and the date of the last	revision (attach supplemental sheet if	needed):
a			
C			
REASON FOR APPLIC	ATION:		
Please specifically expla	ain your situation and wh	ny you are seeking the opinion of the F	lanning/Zoning
		ach separate sheet if more space is ne	
			•

INCLUDE THIS PAGE WHEN SUBMITTING APPLICATION