

COMMERCIAL SKETCH PLAN APPLICATION

DATE: _____

ADDRESS: _____

LOCATION: _____

TAX ACCOUNT #: _____

LOT SIZE : _____

ZONING: _____

OWNER: _____

ADDRESS _____

PHONE NUMBER: _____

PARCEL HISTORY: _____

EXISTING SITE: _____

PROPOSED ACTIVITY: _____

I (We) certify that I (We) am familiar with the applicable state and local codes and ordinances, the prodedural requirements of the Town of Hamlin, and have submitted all the required information.

Signed by: _____ Date: _____
Property Owner(s)

Print Name