



For Office Use Only:

Application #: _____ Received by Planning Dept: _____
 Reference #: _____ Response Deadline: _____
 Fee Paid: \$ _____ Decision Date: _____

APPLICANT INFORMATION:

Applicant: _____
 Address: _____

 Telephone: _____
 Fax: _____
 Email: _____

ARCHITECT/DESIGNER/CONSULTANT:

Address: _____

 Telephone: _____
 Fax: _____
 Email: _____

IS THIS AN AMENDMENT TO A PREVIOUSLY GRANTED PERMIT?

Yes No

PROPERTY INFORMATION:

Property Address/Description:

 Map/Parcel: _____
 Zoning District: _____
 Existing Land Use and Classification Number: _____

 Proposed Land Use and Classification Number: _____

(from Zoning Bylaw section 3.3)

PROPERTY OWNER:

(if different from applicant)
 Address: _____

 Telephone: _____
 Email: _____

ASSOCIATED PERMIT APPLICATIONS (SITE PLAN REVIEW, SPECIAL PERMIT, OTHER):

PLEASE NOTE: The Town of Amherst – Design Review Board Rules and Regulations and Zoning Bylaw Section 3.20, Design Review (available at the Planning Department office) should be used for reference in completing applications.

Please see section II.C, ‘Content of Application Materials’, in the DRB Rules and Regulations for details of information and plans required with this application.

FEE: There is a **\$75.00** Design Review application fee. Checks or money orders should be made out to “**Town of Amherst**” and submitted to the Department of Conservation and Development in the Town Hall along with the completed application form and application materials.

