

TOWN OF LINCOLN, NH

Planning & Zoning Department PO Box 39 Lincoln, NH 03251 Phone: 603-745-2757 Fax: 603-745-6743

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Application for Waiver of Subdivision/SPR Regulations

	Tax Map	Lot	
Project Name:		Date:	
Location:		Applicant:	
	t that the Planning Board grant a waiver ulations for the above named project. The		
Section:	Reason(s) for Waiver Request:		
Signature of	Owner or Agent:		
******	***********	***********	*****
Date Receive	ed by Planning Board:	Received By:	
Planning Bo	ard Disposition:		
	om the Lincoln Subdivision and/or Site Plag sections has been granted:	an Review Regulations for the above n	named project and for
Section:	Conditions:	Effective D	ate:
	om the Lincoln Subdivision and/or Site Plag sections has been denied:	an Review Regulations for the above n	amed project and for
Reason(s) fo	or the denial:		
Signature of	Planning Board Chairman:	Date:	