

ALBANY NH PLANNING BOARD



PRELIMINARY CONSULTATION FORM

Name: _____ Date: _____

Address of Applicant: _____

Phone: _____

Email: _____

Street Address of Property: _____

Property Owner: _____

Current Zoning: _____ Map#: _____ Parcel: _____ Size of Property: _____

Access or Right of Way to Property: _____

Structure(s) on Property: _____ Wet Lands on Property: _____

On Town Road: _____ On State Road: _____

Please describe in detail the Land Use project you wish to consult with the Albany Planning Board in a Non-Binding Preliminary Consultation, and:

Please provide a Site Plan or a sketch of your project to present to the Planning Board on a separate sheet.

Please Note: It is understood that the Preliminary Consultation with the Albany Planning Board is informational only and nonbinding.

Signature: _____ Date: _____