

**CITY OF LACONIA  
PLANNING DEPARTMENT  
603-527-1264 (Phone) 603-524-2167 (Fax)**

**ADMINISTRATIVE REVIEW APPLICATION**

RECEIPT STAMP

**STREET ADDRESS:** \_\_\_\_\_

## PROPERTY INFORMATION

Map \_\_\_\_\_ Street \_\_\_\_\_ Lot \_\_\_\_\_ Zoning District(s) \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_

**Applicant** \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_  
FAX \_\_\_\_\_

**OWNER** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_

PHONE \_\_\_\_\_  
FAX \_\_\_\_\_  
eMAIL \_\_\_\_\_

## 1. Existing use(s):

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Print Property Owner name

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**Signature of Property Owner**

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Date

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Print Applicant name

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**Signature of Applicant**

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Date

## Approval

### Comments/conditions:

\* Other permits from other departments may be required. It is the applicant's responsibility to obtain all other permits/approvals before project can begin. Please note that a permit must be obtained from this department before any signs are installed.

**APPEAL PROCESS:** Pursuant to RSA 677:15, an aggrieved party may appeal this decision to the ZBA pursuant to RSA 676:5. III within 30 days of the date of the decision.