



Town of Whitefield
Subdivision Amendment Application

Name of Subdivision: _____

Project Location: _____

Map # _____ Lot # _____ Number of Acres or Sq Ft _____

Property Owner: _____ Phone # _____

Mailing Address: _____

Applicant (if different): _____ Phone# _____

Mailing Address: _____

Specific Request

Attached additional pages if necessary.

All plans and submissions in support of this request must accompany this application.

Required Submissions: Proposed amendment indicating that it is the revision of a previously approved and recorded plan and showing the original name of the subdivision and the Book and Page on which then original plan is recorded at the Lincoln County Registry of Deeds.

- _____ One (1) 24" x 36" Mylar
- _____ Five (5) 24" x 36" Copies

I certify that the information in this application is true and correct.

Signature of Property Owner _____ Date _____

Signature of Applicant (if different) _____ Date _____