

App No
Receipt No.
PEVIEW FEE: \$25.00

REVIEW FEE: \$25.00 w/site visit or soil test: \$50.00 Make check to LLHD or pay online at www.LLHD.org rev 4/30/17



## B100a: Application for Building Addition, Change in Use, Accessory Structure, or Lot Line Change

Note: P	Please include the following with yo	our application:	
2.	A scaled site plan of your property well (s), and proposed building add For additions of living space: exist Soil testing information, if availabl	dition or accessory structi ting and proposed floor pl	
Date:	Property Address:		Town:
Applican	t Name:	Phone:	2:
Email: _			
Applican	at Address (if different from above):		
Property	Water Supply: ☐ Well (s) ☐ Public	ic Water	
☐ Buildi ☐ Buildi ☐ Acces ☐ Lot Li	ng Change in Use or Conversion (e. sory Structure (Garage, Shed, Deck, ne Change	.g., office or retail to food , Pool, etc.)	or basement); additional bedrooms d service; home winterization)
_	to the Building Department (if appli		hat project information is the same as that
Reviewe	d by:	Title:	□ Approved □ Denied
Signed: _		Date:	
Commen	its:		