



APPLICATION NO. _____

PLANNING COMMISSION APPLICATION FOR SCENIC ROAD DESIGNATION

APPLICANT:

NAME: _____ **DATE:** _____

ADDRESS: _____ **PHONE:** _____ **FAX:** _____

_____ **E-MAIL:** _____

NAME OF TOWN HIGHWAY PROPOSED FOR SCENIC ROAD DESIGNATION:

TOTAL LENGTH TO BE DESIGNATED AS SCENIC ROAD *(In Feet):* _____

DESCRIPTION OF HIGHWAY: *(Provide a map to scale which shows the beginning and end of the Town Highway or portion thereof proposed to be designated as Scenic and a brief description of the Town Highway or portion thereof proposed to be designated as Scenic including those characteristics which meet at least one of the following criteria below):*

- a. It offers scenic views;
- b. It is bordered by mature trees or stone walls;
- c. It blends naturally into the surrounding terrain;
- d. It parallels or crosses over brooks, streams, lakes or ponds;
- e. The travel portion is no more than twenty (20) feet in width; and
- f. It is unpaved.

NAMES, ADDRESSES, AND FRONTAGE OF ALL ABUTTING LOT OWNERS: *(Please provide the names, addresses, and frontage of all abutting lot owners. Attach separate sheet(s) as necessary following the below format)*

NAME: _____

ADDRESS: _____ **ASSESSOR'S MAP NO.:** _____ **LOT NO.:** _____

_____ **FRONTAGE (In Feet):** _____

WRITTEN STATEMENT OF APPROVAL: *(Please Attach Written Statement of Approval of the owners of a majority of lot frontage abutting the Town Highway or portion thereof as Submitted to the Town Clerk).*

APPLICANT'S SIGNATURE: _____ **DATE:** _____