Town of Greenville, New Hampshire
Planning Board
Application for Subdivision

APPLICANT INFORMATION
Name: 
Address: 
Telephone: (H) (C)

PROPERTY INFORMATION
Assessor’s Map #: Lot #: 
Zoning District: 
Size of Existing Parcel: 
Size of Parcels after Subdivision:
Parcel 1: Parcel 2: Parcel 3: 
Parcel 4: Parcel 5: Parcel 6: 

SURVEYOR INFORMATION
Company Name: 
Surveyor Name: 
License #: 
Address: 
Telephone: E-mail: 

SIGNATURES

I/We as owner(s) or as duly authorized agent(s) for the owner(s) of the property described in the attached subdivision plan, do hereby submit this subdivision plan for review as required by the regulations of the Planning Board of the Town of Greenville. I/We attest that to the best of my/our knowledge all of the information on this application and in the accompanying materials and documentation is true and accurate.

Signature of Property Owner

Date

Signature of Property Owner

Date

Signature of Applicant (If different from owner)

Date

I/We hereby authorize members of the Greenville Planning Board, Building Inspector, and any other pertinent Town Department to enter my property for the purpose of evaluating this application, including performing inspections during the application process.

Signature of Property Owner

Date

Signature of Property Owner

Date