



TOWN OF BUCKSPORT, MAINE

OFFICE OF CODE ENFORCEMENT AND PLANNING
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Rich in heritage, looking to the future

E-MAIL. CEO@BUCKSPORT.BIZ

APPLICATION TO AMEND AN APPROVED SUBDIVISION PLAN

APPLICANT NAME: _____

MAIL ADDRESS: _____

T ELEPHONE: _____ EMAIL: _____

COMPLETE BELOW IF THE APPLICANT IS NOT THE PROPERTY OWNER

PROPERTY OWNER: _____

MAIL ADDRESS: _____

T ELEPHONE: _____ EMAIL: _____

DESCRIPTION OF THE APPROVED SUBDIVISION PLAN:

NAME OF SUBDIVISION: _____

REGISTRY OF DEEDS: FILE NO. _____ PLAN NO. _____

RECORDING DATE: _____

NUMBER OF LOTS: _____ IF MULTI-FAMILY, NUMBER OF UNITS: _____

PLEASE DESCRIBE THE PROPOSED CHANGE(S):

10 COPIES OF THE PROPOSED AMENDED SUBDIVISION PLAN MUST BE SUBMITTED WITH THIS APPLICATION.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ATTACHED DOCUMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE _____