

TOWN OF HARWICH PLANNING DEPARTMENT

**PLANNING BOARD APPLICATION
SUBDIVISION FORM B-1**



TO THE TOWN CLERK, HARWICH, MA

DATE 2/21/24

PART A – APPLICANT INFORMATION/AUTHORIZATION

Applicant Name(s)	Sam Speakman
Representative/Organization (Who will serve as the primary contact responsible for facilitating this application?)	Sam Speakman
Street/PO Box	235 Great Western Rd
Town, ST, Zip	Dennis MA 01918
Phone	508-432-5565
Fax	N/A
E-mail	info@speakmanexcavating.com

The applicant is one of the following: (please check appropriate box)

- Owner
 Tenant*
 Prospective Buyer*
 Representative for Owner/Tenant/Buyer
 Other* _____

***Written permission of the owner(s).**

All other forms and information as required in the Harwich Code §400 shall be submitted as part of this application including municipal lien certificate(s), available through the Tax Collector's Office.

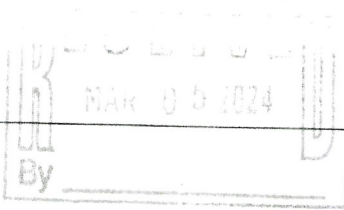
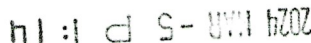
Authorization

Your signature hereby asserts, to the best of your knowledge, that the information submitted in this application is true and accurate; that you agree to fully comply with the Town of Harwich Zoning By-laws and the terms and conditions of any approval of this application by the Planning Board; and authorizes the Members of the Planning Board and Town Staff to visit and enter upon the subject property for the duration of the consideration of this application.

Applicant _____

Owner(s) – Authorization must accompany application if the owner is not the applicant.

Official use only:

PLANNING DEPARTMENT	TOWN CLERK
Case #	
	
By _____	