



TOWN OF DOUGLAS PLANNING BOARD

Application for Scenic Road Permit

OFFICE USE ONLY

App. #: _____

Date: _____

Fee: _____

The undersigned applicant hereby applies for a **SCENIC ROAD PERMIT** pursuant to the ***Douglas General Bylaws Article 5, Section 5.***

Applicant Information:

Organization Name

Contact Person

Street Address

Additional Address (If Applicable)

City/Town

State

Zip Code

Telephone Number

Email Address

Signature

Date

Owner Information (If different from above):

Organization Name

Contact Person

Street Address

Additional Address (If Applicable)

City/Town

State

Zip Code

Telephone Number

Email Address

Signature

Date



TOWN OF DOUGLAS PLANNING BOARD

Application for Special Permit

OFFICE USE ONLY

App. #: _____

Date: _____

Fee: _____

Site Information:

Assessor's Map

Assessor's Parcel

Deed Book

Deed Page

Street Address

Additional Address (If Applicable)

City/Town

State

Zip Code

Project Description:

