

# PLANNING BOARD APPLICATION FORM



## INSTRUCTIONS

*This application form must be filled out completely and accurately for any application to the Planning Board. Attach additional information, plans, studies, etc. as required.*

## PROJECT INFORMATION

Project Name: BEST WESTERN YORK INN

Project Description: INSTALL NEW 2-STOP ELEVATOR

Street Address: 2 BRICKYARD LANE

Tax Map(s) & Lot(s): 10# 0059/0022/D

## AUTHORIZED REPRESENTATIVE

*Identify the one person who will be the primary contact for this project.*

Name: DAVID MELE - ARCHETYPE ARCHITECTS, PORTLAND

e-mail: davidmele@archetypepa.com Phone #: 772-6022

## PROPERTY OWNER(S)

*Identify the owner or owners of all property involved in this application. Attach additional sheets if necessary. The property owner is the applicant.*

Name: ROBINS PATEL

Mailing Address: 2 BRICKYARD LANE, YORK, ME 03909

By signing, I certify that the information provided is true and accurate, and that my authorized representative, if applicable, has my consent to represent this application.

Owner's Signature:  Date: 6/16/17

*In the event there is more than one owner, all must sign. Attach additional sheets if necessary.*