

**CONSERVATION COMMISSION
TOWN OF MIDDLETON, NEW HAMPSHIRE
SHORELAND APPLICATION**

DATE: _____ FEE _____

1. NAME OF OWNER: _____

MAILING ADDRESS: _____

TELEPHONE NUMBERS: () _____

2. LOCATION OF PROPOSED PROJECT: _____

3. TAX MAP _____ LOT _____ NAME OF WATERBODY: _____

4. DESCRIPTION OF PROPOSED PROJECT: _____

NAME OF CONTRACTOR OR AGENT: _____

MAILING ADDRESS: _____

TELEPHONE NUMBERS: () _____

5. STARTING DATE: _____ COMPLETION DATE: _____

6. PLAN, DRAWN TO SCALE, SHOWING SHAPE, DIMENSIONS, AND LOCATION OF LOT, EXISTING BUILDINGS, OR STRUCTURES, AND PROPOSED ALTERATION OR EXPANSION OF EXISTING BUILDINGS.

APPROVED/DISAPPROVED _____

CONDITIONS: _____

MIDDLETON CONSERVATION COMMISSIONERS

SHORELAND APPLICATION
