

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: Classic Compounding Pharmacy, LLC

Project Description: field changes - Remove back stairs, from upper level. Change concrete stairs to concrete or timber window changes

Street Address: 1171 US RT 1 York, Maine 03909

Tax Map(s) & Lot(s): MAP 22 LOT 5.

AUTHORIZED REPRESENTATIVE

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

Name: Ryan McCarthy / Cynthia Theriault

e-mail: Ryan@TidewaterCivil.com Phone #: 207-439-2222
CynthiaTherault FarmSt2@comcast.net 617-548-0989

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: Cynthia Theriault member VBAF, LLC.

Mailing Address: 40 Sandra Rd. Peabody, MA 01960

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: [Signature] Date: 6/10/19

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

Any questions
Please call
wee 617-548-0989
thanks, Cindy