

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: Woodbridge Parking Expansion

Project Description: To remove building that currently is along the Woodbridge Road, clear building for additional parking.

Street Address: 38 WOODBRIDGE ROAD

Tax Map(s) & Lot(s): 0050 - 0063 - B

AUTHORIZED REPRESENTATIVE

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

Name: Victor Herschaft Also Roger Cross

e-mail: vherschaft@yorkhospital.com Phone #: 207-240-3756

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: York Hospital

Mailing Address: 15 Hospital Drive York, Maine 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: [Signature] Date: 12 April 2019

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