

TOWN OF READING

REQUEST FOR CERTIFIED ABUTTERS LIST

SUBJECT PROPERTY:

ADDRESS: _____

Assessors' Map Number: _____ Lot Number: _____

APPLICANT/AGENT:

Name: _____

Address: _____

Telephone: _____ Email: _____

Board or Commission for which this request is made (check all that are applicable):

Zoning Board of Appeals:

- Variance
- Special Permit
- Appeal

Community Planning and Development Commission:

- Site Plan Review
- Special Permit
- Subdivision

Conservation Commission:

- Request for Determination
- Abbreviated Notice of Resource Area Delineation
- Notice of Intent

West Street Historic District Commission

Board of Health

Other: _____

Applicant/Agent Signature: _____ Date: _____

The Assessors' office may require up to three weeks in order to process and approve this request.

Authorized Signature: _____ **Date:** _____

Department of Community Services