

**TOWN OF CANTON  
INLAND WETLANDS & WATERCOURSES AGENCY  
APPLICATION FOR MAP AMENDMENT**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Location: \_\_\_\_\_

Assessor's Map Number: \_\_\_\_\_ Parcel: \_\_\_\_\_ Acreage: \_\_\_\_\_

\_\_\_\_\_

The applicant and/or the owner authorize the members of the Canton Inlands Wetlands and Watercourses Agency and its staff to enter onto the property during normal business hours for purposes of observing the area that is the subject of the application.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Submitted to the IWWA:

To be received at the IWWA Meeting:

\_\_\_\_\_

\_\_\_\_\_

IWWA File No: \_\_\_\_\_

