Town of Loudon Planning and Zoning Board Office

55 South Village Rd. Suite 4 Loudon, NH 03307

Phone- 603-798-4540 Fax- 603-798-4540 Email- planning-zoning@loudonnh.org

Dear Applicant,

Attached is an application for the Loudon Planning Board. Your completed application, including all fees, must be received in our office no later than 21 days prior to the next scheduled Planning Board meeting. Having the completed application returned to this office within that timeframe allows you to be placed on the next agenda.

Four copies of the application need to be submitted along with six full-size paper copies and twelve reduced-size $(11^{\circ} \times 17^{\circ})$ legible copies of the plat. See Article 11 in the Land Development Regulations for details concerning submission of an application.

Any application that has property in <u>current use</u> needs to include an accurate map showing the designated current use area. If there are any further questions about current use please contact the Selectmen's office at (603) 798-4541.

To help develop a better proposal please review application options as described in Article 8 of the Land Development Regulations.

The Planning Board's policy on continuances is as follows:

- 1. An applicant may request a continuance of a public hearing in writing by the Monday prior to the day of the public hearing.
- 2. A request for continuance must be in writing.
- 3. A written request for continuance is limited to two public hearings.
- 4. The third and future requests for continuance must be made in person at the public hearing.
- 5. If these procedures for a continuance are not followed, the Board may deny the application.

The Loudon Planning Board meets the third Thursday of each month at 7:00 p.m. at the Loudon Town Office at 55 South Village Road.

If you have any questions, please feel free to contact me at the telephone number above. Office hours are Monday-Thursday from 8:00 am – 12:00 pm.

Sincerely,

Karen Hayes Administrative Assistant

Change of Use 2-10

COPY FOR: Planning Board Board of Selectmen Code Enforcement

BOARD USE ONLY:
Date Received
Received By
Fees Paid

TOWN OF LOUDON, NEW HAMPSHIRE CHANGE OF USE APPLICATION

TITLE OF BUSINESS:					
Proposed use					
Existing use					
OWNER OF RECORD:	APPLICATION #	(administrative only)			
Please indicate the following for all owners of record for the property to be reviewed.					
Name:					
Company:					
Street:					
City:					
Phone:					

LOCATION OF DEVELOPMENT

 Tax Map #_____
 Lot #_____

 Zoning of parcel(s), including overlay zones:

 Parcel Size (Acres):

 Parcel Size (Square Feet):

Number of proposed residential, commercial, or industrial units: _____

Name of Applicant Agent or Contact Person:				
Name: Name of Firm: Street: City: Phone: Fax:				
Waivers Requested (please indicate v	with a check): YES NO			
(Please attach a separate cover let	ter for each requested waiver to this application)			
Waiver Requested for Item(s):				
Special Exception or Variance grante	d by the ZBA:			
Dates of Variance or Special Exception	on Hearings/Approvals:			
(Pleas	se indicate by month and year)			
Date of Conceptual Review, if any:				
Date of Design Review Meetings, if a	ny:			
Date of Formal Application Review, A	cceptance, or Denial			
Fees: \$	\$ 8.00 per abutter = \$			
of my/our property as deemed necess I/we understand all information require	a application nning Board or its designee to make on site inspection(s) sary for the evaluation of my/our subdivision application. ed by the regulations must be supplied or a written waiver ion. Noncompliance is grounds for denial. RSA 676:4.			
Signature of Applicant:	Date			
Signature of Applicant:	Date			
Signature of Agent:	Date			

TOWN OF LOUDON, NEW HAMPSHIRE CHANGE OF USE APPLICATION CHECKLIST

Name of Business: _____

Applicant: _____ Map____ Lot ____

Existing and/or Proposed Conditions Plat Checklist

Submitted	Not Submitted	Waivered Requested	
			 Names, addresses, telephone numbers, and fax numbers (if available) of the site owner, applicant, and person(s) or firm(s) preparing the plan; Name of the business; Location of the land/site under consideration (including map and lot, as well as address) together with the names and addresses of all owners of record of abutting lots of the existing site;
			 4. Title, date, north arrow, and scale; 5. Locus map of vicinity of the site, detailing public street system in
			the vicinity of the site; 6. Tax map reference of the site, along with such reference for
			abutting parcels; 7. Existing and/or proposed curb cuts, traffic circulation patterns, and parking configurations with dimensions of driveways, curb cuts, curbing, parking spaces, travel isle widths, and area of parking areas;
			8.Location, dimensions, shape, of all existing and/or proposed structures on the site;
			 Location of existing and/or proposed solid waste/trash receptacle and screening;
			10. Location of existing and/or proposed septic disposal system;
			 Location and description of any easements, or proposed easements;
			 Location, size, and proposed language for all signs; Existing and/or proposed Lighting; Existing and/or proposed Languageing;
			 14. Existing and/or proposed Landscaping; 15. Block for approval by the Board.

ABUTTERS FORM

Instructions: Please indicate the name and mailing address of all abutters to the property which shall be reviewed by the Planning Board. "Abutter" means any person whose property is located in New Hampshire and adjoins or is directly across the street or stream from the land under consideration by the local land use board. For purposes of receiving testimony only, and not for purposes of notification, the term "abutter" shall include any person who is able to demonstrate that his land will be directly affected by the proposal under consideration. For purposes of receipt of notification by a municipality of a local land use board hearing, in the case of an abutting property being under a condominium or other collective form of ownership, the term abutter means the officers of the collective or association, as defined in RSA 356-B:3, XXIII. Please also include the names of all <u>Attorneys, Engineers, Surveyors, Planners</u>, or <u>Architects</u> whose stamp appears on the plat to be submitted to the Board for review and the <u>Owner</u> of the property on the plat. PLEASE MAKE ADDITIONAL COPIES OF THIS FORM AS NECESSARY.

Name:	Name:
Map / Lot:	Map / Lot:
Street:	Street:
City:	City:
State, Zip:	State, Zip:
Name:	Name:
Map / Lot	Map / Lot:
Street:	Street:
City:	City:
State, Zip:	State, Zip:
Name:	Name:
Map / Lot:	Map / Lot:
Street:	Street:
City:	City:
State, Zip:	State, Zip:
Name:	Name:
Map / Lot:	Map / Lot:
Street:	Street:
City:	City:
State, Zip:	State, Zip:
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Map / Lot:	Map / Lot:
Street:	Street:
City:	City:
State, Zip:	State, Zip:
Name:	Name:
Map / Lot:	Map / Lot:
Street:	Street:
City:	City:
State, Zip:	State, Zip: