

Loudon Planning & Zoning Office 55 South Village Road – Suite 4 Loudon, NH 03307 603-798-4540

planning-zoning@loudonnh.org

Please read all the instructions carefully. Failure to do so may result in your application being deemed incomplete, which could delay your Public Hearing. Article 8 of the <u>Land Development Regulations</u> can be reviewed for application options.

All application materials to be discussed at the Planning Board hearing must be formally submitted no later than 15 days prior to the hearing.

APPLICATION INSTRUCTIONS

- 1. Complete and sign the attached application. This application must be submitted for review by the Technical Review Committee (TRC). TRC review must be initiated by the applicant at least 28 days prior to the public hearing, in both paper and PDF format. The TRC will meet 21 days prior to the next scheduled Planning Board hearing. A memo will be issued to the applicant within 5 days of the TRC outlining notes and comments on the application.
- 2. The application packet must include four (4) full-sized paper copies (22 x 34) and twelve (12) reduced size copies (11 x 17) of the plat. Electronic (PDF) copies must also be submitted to planning-zoning@loudonnh.org. Please reference Article 11 in the Land Development Regulations for details regarding application submissions.
- 3. The applicant is responsible for submitting a correct list of all abutters with complete mailing addresses for notification. Be sure to include the full mailing address of the owner of each abutting property. One (1) set of mailing labels with each abutter's name(s), full address, and zip code are required with your application. Please also include one (1) set of mailing labels for the applicant, property owner, and any surveyor/engineer/planner/attorney/architect on the project.
- 4. If the applicant is not the property owner, written authorization from the property owner must accompany the application. If the applicant is being represented by another party, an agent authorization letter must be included as part of the application packet submission.
- 5. Any application that has property in *current use* must include an accurate map showing the designated area. Please contact the Selectmen's office with questions about current use.

<u>Continuance policy</u>: An applicant may request a continuance of a public hearing in writing no later than the Monday prior to the day of the public hearing. A written request for a continuance is limited to two public hearings. The third and future requests for a continuance must be made in person at the public hearing. The Board may deny the application if these procedures are not followed.

Change of Use

Planning Board Board of Selectmen Code Enforcement Fire Department TOWN OF LOUDON PLANNING BOARD CHANGE OF USE APPLICATION Title/Name of Business: Existing Use: Proposed Use: Location of Development Tax Map # Lot # Zoning of parcel(s), including overlay zone(s): Parcel size (acres): Parcel size (square feet):	
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Existing Use:Proposed Use:	
Proposed Use: Location of Development Tax Map # Lot # Zoning of parcel(s), including overlay zone(s): Parcel size (acres): Parcel size (square feet):	
Location of Development Tax Map # Lot # Zoning of parcel(s), including overlay zone(s): Parcel size (acres): Parcel size (square feet):	
Tax Map # Lot # Zoning of parcel(s), including overlay zone(s): Parcel size (acres): Parcel size (square feet):	
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Parcel size (acres): Parcel size (square feet):	
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Number of proposed residential, commercial, or industrial units:	
Owner of Record	
Please indicate the following for all owners of record for the property to be reviewed.	
Name:	
Company:	
Street:	
City:	
State, Zip:	
Phone:	
Waivers requested?	
Waivers requested? Yes No	
Please list the items in which waivers are requested:	
*Please include separate cover letters for each waiver request.	

Change of Use

Has a Special Exception or Variance been grante	ed by the ZBA? Yes No
Date(s) of Special Exception or Variance hearing	gs/approvals:
*Please include copies of any applicable Notice	s of Decision.
Date of conceptual review:	Date of design review(s):
Does this plan represent an amended plan?	Yes No
If yes, please provide the application informatio	n and decision for the original plan:
I/we consent to allow the Loudon Planning Beinspection(s) of my/our property as deemed napplication. Signature of Applicant:	necessary for the evaluation of my/our subdivision
	Date
	Date
	the regulations must be supplied or a written waiver ncompliance is grounds for denial per RSA 676.4.
Signature of Applicant:	Date
Signature of Applicant:	
Signature of Agent:	

*If the property owner is represented by an agent/contact person, please include a Letter of Authorization.

Change of Use

FEE CALCULATOR

Public Notice Fee: \$125			\$ 125.00
Application Fee: \$100			\$100.00
Abutters Fees: \$12 x	(total # of abutters)		\$
Recording Fee: \$15 per 8.5'	'x11" page x (# of	pages)	\$
		TOTAL	\$
CASH_		СНЕСК	
CHECK #	PURPOSE:		
CHECK #	PURPOSE:		
CHECK #	PURPOSE:		

APPLICATION CHECKLIST

Name of Business:		
Applicant:	Map	Lot

Submitted	Not Submitted	Waiver Requested	Existing and/or Proposed Conditions Plat Checklist
			1. Names, addresses, telephone numbers, of the site owner, applicant, and person(s) or firm(s) preparing the plan
			2. Name of the business
			3. Location of the land/site under consideration (map & lot, 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 the public stress 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 aisle widths, and area of parking areas
			8. Location, dimensions, shape of all existing and/or proposed structures on the site
			9. Location of existing and/or proposed solid waste/trash receptacle and screening
			10. Location of existing and/or proposed septic disposal system
			11. Location and description of any easements or proposed easements
			12. Location, size, and proposed language for all signs
			13. Existing and/or proposed lighting
			14. Existing and/or proposed landscaping
			15. Block for approval by the Board as follows:
			I hereby certify that this plat has been approved by the Town of Loudon Planning Board on and shall be filed with the Town of Loudon once all conditions of approval have been satisfied:
			Chairman Date

TOWN OF LOUDON PLANNING BOARD

ABUTTERS FORM

Instructions: Please indicate the name and full mailing address of all abutters to the property which shall be reviewed by the Zoning Board. "Abutter" means any person whose property is in New Hampshire and adjoins or is directly across the street or body of water 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 their land will be directly affected by the proposal under consideration. For purposes of receipt of the notification by a municipality or 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 include the names of all attorneys, engineers, surveyors, planners, and/or architects whose stamp appears on the plat to be submitted to the Board for review and the Owner of the property on the plat.

*Please include extra sheets 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:		
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:	