

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.

COPY FOR:	Office Use Only:
Planning Board	Date received:
Board of Selectmen	Received by:
Code Enforcement	Fees paid:Application #
☐ Fire Department	Application #
TOWN O	F LOUDON
PLANNI	NG BOARD
LOT LINE ADJUST	MENT APPLICATION
Title of Lot Line Adjustment:	
Location of Properties:	
Owners of Record:	
Parcel #1	Parcel #2
Name:	Name:
Street:	Street:
City:	City:
Phone:	Phone:
Location of Properties	
Parcel #1	Parcel #2
Map # Lot #	Map # Lot #
Zoning of Parcel	Zoning of Parcel
Lot size in acres:	Lot size in acres:
Lot size in square feet:	Lot size in square feet:
Name of Applicant's Agent or Contact Person	
Name:	
Company:	
Street:	
City:	
State, Zip:	
Phone:	

Waivers requested?	Yes	No	
	vaivers are requested:		
*Please include separate cover	· letters for each waiver request.		
Has a Special Exception or Va	riance been granted by the ZBA	? Yes	No
Date(s) of Special Exception of	or Variance hearings/approvals:		
*Please include copies of any	applicable Notices of Decision.		
	idon Planning Board and/or i erty as deemed necessary for	O	
inspection(s) of my/our propapplication.	S	the evaluation of my/ou	
inspection(s) of my/our propapplication. Signature of Applicant:	erty as deemed necessary for	the evaluation of my/ou	r subdivision
inspection(s) of my/our propapplication. Signature of Applicant: Signature of Applicant:	erty as deemed necessary for	the evaluation of my/our Date Date	r subdivision
inspection(s) of my/our propapplication. Signature of Applicant: Signature of Applicant: Signature of Agent:	erty as deemed necessary for	Date Date Date Date Date Date Date Date	r subdivision
inspection(s) of my/our propapplication. Signature of Applicant: Signature of Applicant: Signature of Agent: I/we understand all informate request must accompany the	tion required by the regulation	Date Date Date Date s must be supplied or a s grounds for denial per	r subdivision
inspection(s) of my/our propapplication. Signature of Applicant: Signature of Applicant: Signature of Agent: I/we understand all informate request must accompany the Signature of Applicant:	tion required by the regulation application. Noncompliance	Date Date ns must be supplied or a s grounds for denial per	r subdivision written waiver r RSA 676.4.

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

FEE CALCULATOR

Public Notice Fee \$125		\$ <u>125.00</u>
Application Fee: \$100 x (total	l number of lots)	\$
Abutters Fees: \$12 x (total	# of abutters)	\$
Recording Fee \$50 (per plan sheet) x	(# of pages)	\$
Recording Fee \$15 (per 8.5"x11" page	e) x (# of pages)	\$
	TOTAL	\$
CASH	СНЕС	CK
CHECK #	PURPOSE:	
CHECK #	PURPOSE:	
CHECK #	PURPOSE:	

LCHIP Fee – A separate check made payable to the Merrimack County Registry of Deeds – Was this check included with the application?

Y/N

NOTE: As of 7/1/08 there is an L-CHIP (Land & Community Heritage Investment Program) surcharge fee of \$25 for each plan recorded at the Registry of Deeds. A separate check for that amount, made out to Merrimack Country Registry of Deeds, must accompany this application.

NOTE: If an application has been approved by the Board, new deeds must be drawn up for each adjusted or new property. This is the responsibility of the applicant.

LOT LINE ADJUSTMENT APPLICATION CHECKLIST

Name of Lot Line Adjustment:	 	
Applicant:	 Map: _	Lot:

Submitted	Not Submitted	Waiver Requested	
			1. Names, addresses, telephone numbers, of the site owner, applicant, and person(s) or firm(s) preparing the plan
			2. Name of the Lot Line Adjustment.
			3. Location of the land/site under consideration including tax map and lot numbers and address.
			4. Title, date, North arrow, and scale (less than or equal to 1" = 100')
			5. Locus map of vicinity of the site detailing public street system in the vicinity of the site.
			6. Tax map references, names, and addresses of all owners of record of abutting parcels.
			7. Natural and manmade features including watercourses, wetlands, tree lines, stonewalls, and vegetative cover, topographic features, and other environmental features which are significant to the design process
			8. Surveyed property lines including angles and bearings, distances, monument locations, and size of the entire parcel in acres and square feet. Said plan must be attested by a land surveyor licensed in the State of New Hampshire.
			9. Zoning, including all applicable overlay zones.
			10. The location and dimensions of all property lines to be expressed in feet and to the nearest one hundredth of a foot.
			11. Sufficient data acceptable to the Board to determine the location, bearing, and length of all lines; sufficient data to be able to reproduce such lines upon the ground, and location of all proposed and existing monuments. Error of closure shall be 1:10,000.
			12. The indication of the use of lots (e.g., single or multifamily residential, commercial, etc.)
			13. The location of all structures and buildings on each parcel.
			14. Setbacks as required by Zoning.

Submitted	Not Submitted	Waiver Requested		
			15. Any plans cited for reference should County Registry of Deeds or stamped by name, date, and plan number of recorded the notes section of the plat.	a licensed land surveyor. The
			16. All floodplain information, including elevation, based upon the most recent Florenge by the Federal Emergency Man	ood Insurance Rate Map, as
			17. The following notations shall also be	shown:
			a. the explanation of drainage easeme	ents, if any.
			b. the explanation of utility easements	s, if any.
			c. the explanation of site easements, if	f any.
			d. the explanations of any reservations	S.
			18. Block for approval by the Board as for	ollows:
			I hereby certify that this plat has been applanning Board on	, and shall be filed with the
			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: