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” x 17”) 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 current use 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
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 with a check): YES_______ NO_______

(Please attach a separate cover letter for each requested waiver to this application)

Waiver Requested for Item(s):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Special Exception or Variance granted by the ZBA: ______________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Dates of Variance or Special Exception Hearings/Approvals: _____________________________
____________________________________________________________________
(Please indicate by month and year)

Date of Conceptual Review, if any: _____________________________

Date of Design Review Meetings, if any: _____________________________

Date of Formal Application Review, Acceptance, or Denial _____________________________

Fees: $_______ $ 8.00 per abutter = $________

Please attach list of abutters to this application
I/we consent to allow the Loudon Planning Board or its designee to make on site inspection(s)
of my/our property as deemed necessary for the evaluation of my/our subdivision application.
I/we understand all information required by the regulations must be supplied or a written waiver
request must accompany the application. Noncompliance is grounds for denial. RSA 676:4.

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**

<table>
<thead>
<tr>
<th>Submitted</th>
<th>Not Submitted</th>
<th>Waivered</th>
<th>Requested</th>
</tr>
</thead>
<tbody>
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1. Names, addresses, telephone numbers, and fax numbers (if available) 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 (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;

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.
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 Attorneys, Engineers, Surveyors, Planners, 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 MAKE ADDITIONAL COPIES OF THIS FORM AS NECESSARY.