

Town of Loudon Planning and Zoning Board Office

PO Box 7837
29 South Village Rd.
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 15 days (by noon) prior to the next scheduled Planning Board meeting. Having the completed application returned to this office in this timeframe allows you to be placed on the next agenda. The Loudon Planning Board meets the third Thursday of each month at 7:00 p.m. at the Loudon Community Building at 29 South Village Road.

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.

NOTE: Once the application is approved a new deed must be drawn up for each adjusted property. This is the responsibility of the applicants.

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,

Danielle Bosco
Administrative Assistant

COPY FOR:

- Planning Board
- Board of Selectmen
- Code Enforcement
- Fire Department

BOARD USE ONLY:

Date Received _____
 Received By _____
 Fees Paid _____
 Application # _____

**TOWN OF LOUDON, NEW HAMPSHIRE
 LOT LINE ADJUSTMENT APPLICATION**

Title of Lot Line Adjustment: _____

Location of properties: _____

OWNERS OF RECORD:

Parcel #1

Name: _____
 Street: _____
 City: _____
 Phone: _____

Parcel #2

Name: _____
 Street: _____
 City: _____
 Phone: _____

LOCATION OF PROPERTIES

Parcel #1

Tax Map # _____ Lot # _____ Zoning of Parcel (Include Overlays Districts)

Lot size in acres: _____ Lot size in square feet: _____

Parcel #2

Tax Map # _____ Lot # _____ Zoning of Parcel (Include Overlays Districts)

Lot size in acres: _____ Lot size in square feet: _____

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.

Lot Line Application fee = _____
\$8 per abutter x _____ (total # of abutters) = _____
Recording fee (\$26 per page) = _____
Total fees = _____

Name of Applicant Agent or Contact Person:

Name of Surveyor / Engineer: _____
Name of Firm: _____
Street: _____
City: _____
Phone: _____
Fax: _____

Waivers Requested (please indicate with a check and include a cover letter addressing why a waiver is warranted):

- Yes
- No

Waiver Requested for Item(s):

Has a Special Exception or Variance been granted by Zoning Board of Adjustment?:

- Yes
- No
- Not Required

Dates of Variance or Special Exception Hearings/Approvals (if any, please indicate month and year):

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 Applicant: _____ Date _____

TOWN OF LOUDON, NEW HAMPSHIRE LOT LINE ADJUSTMENT APPLICATION CHECKLIST

Name of Lot Line Adjustment: _____

Applicant: _____ Map: _____ Lot: _____

Lot Line Adjustment Checklist

Submitted	Not Submitted	Waiver Requested	
			1. Names, addresses, telephone numbers, and fax numbers and e-mail addresses (if available) of the property owners, 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"=50 feet.
			5. Locus map of vicinity of the site, at a scale of 1"=1000 feet, 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 man-made 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.
			15. Any plans cited for reference should be recorded at the Merrimack County Registry of Deeds or stamped by a licensed land surveyor. The name, date, and plan number of recorded cited plans should be provided in the notes section of the plat.

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.

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

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