



## TOWN OF WARNER PLANNING BOARD

P.O. Box 265

Warner, New Hampshire 03278-0059

Telephone: (603) 456-2298, ext. 7

Fax: (603) 456-2297

### APPLICATION FOR DETERMINATION OF SITE PLAN REVIEW

**Please note that this application is subject to NH RSA 91-A which affords the public access to this information.**

TODAY'S DATE: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # 1: \_\_\_\_\_ Phone # 2: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Describe existing/previous tenant use: \_\_\_\_\_

Days/Hours of Operation of existing/previous tenant: \_\_\_\_\_

Number of persons on site engaged in existing/previous business: \_\_\_\_\_

Describe area used within structure for existing/previous business: \_\_\_\_\_

Describe parking for existing/previous business: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # 1: \_\_\_\_\_ Phone # 2: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Name: \_\_\_\_\_

Describe proposed use: \_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

Number of employees on site: \_\_\_\_\_

Estimated number of patrons: \_\_\_\_\_

Class size if applicable: \_\_\_\_\_

Describe area to be used within structure: \_\_\_\_\_

Describe interior repairs/modifications: \_\_\_\_\_

Describe exterior repairs/modifications: \_\_\_\_\_

Describe area/size to be used outside of structure: \_\_\_\_\_

Describe proposed signage (including the location, size, design and illumination of proposed signs and other advertising or instructional devices): \_\_\_\_\_

Describe parking for proposed business: \_\_\_\_\_

Include sketch of property showing areas to be used (including parking facilities): \_\_\_\_\_

**Authorization/Certification from Property Owner(s)**

I (We) hereby designate \_\_\_\_\_ to serve as my agent and to appear and present said application before the Warner Planning Board

**Statement of Assurance**

I hereby certify that to the best of my knowledge this information is valid and that there is no violation of the approved ordinances, codes and/or regulations of the Town of Warner. I authorize members of the Board or their staff to enter onto my property for the purposes of review.

Signature of Property Owner(s)  
(Need signatures of all owner's listed on deed)

Date

Print Name \_\_\_\_\_

Signature of Business Owner (if different)

Date

Print Name \_\_\_\_\_

**For Planning Board Use Only**

Date Application Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Full Site Plan Review Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Planning Board authorized representative

Date