



# 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 LOT LINE ADJUSTMENT

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

ACTION NEEDED FROM THE ZONING BOARD OF ADJUSTMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

WRITTEN WAIVER REQUEST TO SPECIFIC PROVISIONS INCLUDED? YES \_\_\_\_\_ NO \_\_\_\_\_

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

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # 1 \_\_\_\_\_ PHONE # 2 \_\_\_\_\_ E-MAIL \_\_\_\_\_

OWNER(S) OF PROPERTY A \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # 1 \_\_\_\_\_ PHONE # 2 \_\_\_\_\_ E-MAIL \_\_\_\_\_

OWNER(S) OF PROPERTY B \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # 1 \_\_\_\_\_ PHONE # 2 \_\_\_\_\_ E-MAIL \_\_\_\_\_

AGENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # 1 \_\_\_\_\_ PHONE # 2 \_\_\_\_\_ E-MAIL \_\_\_\_\_

LICENSED LAND SURVEYOR: \_\_\_\_\_

LICENSED PROFESSIONAL ENGINEER: \_\_\_\_\_

CERTIFIED SOIL SCIENTIST: \_\_\_\_\_

CERTIFIED WETLAND SCIENTIST: \_\_\_\_\_

OTHER PROFESSIONAL(S): \_\_\_\_\_

STREET ADDRESS & DESCRIPTION OF PROPERTY \_\_\_\_\_

MAP # \_\_\_\_\_ LOT # \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_ NUMBER OF LOTS: \_\_\_\_\_

FRONTAGE ON WHAT STREET(S): \_\_\_\_\_

DEVELOPMENT AREAS: \_\_\_\_\_ acres/sq.ft.

DEED REFERENCE(S): Book \_\_\_\_\_ Page \_\_\_\_\_ Please include a copy of the Deed.

DETAILS OF REQUEST: *Indicate number of separate pages attached, if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBMIT ONE 22X34 COLOR CODED DRAWING OF PLAT (MAY BE HAND COLORED) PER THE FOLLOWING SPECIFICATIONS:** Lot Boundary & Buildings = red,, Property A = orange, Property B = purple, Lot Line adjusted area = Orange with purple hash marks

**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

By submitting this application I (We) hereby authorize and understand that agents of the Town may visit the site without further notice. I (We) further understand the Planning Board may at some point during the review process schedule a Site Visit, which will be duly posted.

I (We) understand that the Planning Board will review the plan and/or may send the plan out for review. The applicant shall pay for such a review. A Public Hearing shall not be held until the Planning Board determines if the application is complete.

To the best of my knowledge, the information provided herein is accurate and is in accordance with the Town of Warner Zoning Ordinance and other land use regulations of the Town including but not limited to the Subdivision Regulations, Site Plan Regulations and other applicable state and federal regulations which may apply.

All sections of this application must be completed, including Owners Authorization/Certification, Abutters List, and Appendix A Checklist.

Signature of Property Owner(s) A: \_\_\_\_\_ Date: \_\_\_\_\_  
(Need signatures of all owner's listed on deed)

\_\_\_\_\_ Date: \_\_\_\_\_

Print Names \_\_\_\_\_

Signature of Property Owner(s) B: \_\_\_\_\_ Date: \_\_\_\_\_  
(Need signatures of all owner's listed on deed)

\_\_\_\_\_ Date: \_\_\_\_\_

Print Names \_\_\_\_\_

Signature of Applicant(s) if different from Owner:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Print Names \_\_\_\_\_

**For Planning Board Use Only**

Date Received at Town Office: \_\_\_\_\_

Received By: \_\_\_\_\_

Fees Submitted: Amount: \_\_\_\_\_ Cash: \_\_\_\_\_ Check # \_\_\_\_\_ Other: \_\_\_\_\_

Abutter's List Received: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Review: \_\_\_\_\_ Date of Hearing: \_\_\_\_\_ Date Approved: \_\_\_\_\_



**Fees**  
**Town of Warner Planning Board**

P.O. Box 265  
 Warner, New Hampshire 03278-0059  
 Telephone: (603) 456-2298, ext. 7

Name of Applicant \_\_\_\_\_ Project Location: \_\_\_\_\_

Received By \_\_\_\_\_ Date Fee Received \_\_\_\_\_

<u>Type of Application</u>	<u>Fee Schedule</u>	<u>Fee Calculation</u>
_____	Conceptual Consultation (submit application with no plans to copy)	\$ <u>No Fee</u>
_____	Subdivision	
	\$200 Base Fee (Final Application or Design Development)	\$ _____
	\$50 per lot # of lots _____ x \$50 =	\$ _____
	\$15 per notification # notices _____ x \$15 =	\$ _____
	\$25 minimum compliance inspect, additional per Board	\$ _____
	Legal Notice in Publication - due prior to Hearing	\$ <u>invoiced</u>
	Escrow for 3 <sup>rd</sup> party review or inspection – per Board	\$ <u>TBD by Board</u>
	MCRD** recording fee – separate check per rate below	\$ <u>separate**</u>
	LCHIP*** – separate \$25 check	\$ <u>separate***</u>
	Subtotal	\$ _____*
_____	Site Plan Review	
	\$250 Base Fee (Final Application or Design Development)	\$ _____
	\$15 per notification # notices _____ x \$15 =	\$ _____
	\$25 minimum compliance inspect, additional per Board	\$ _____
	Legal Notice in Publication - due prior to Hearing	\$ <u>invoiced</u>
	Escrow for 3 <sup>rd</sup> party review or inspection – per Board	\$ <u>TBD by Board</u>
	MCRD** recording decision – check per rate below	\$ <u>separate**</u>
	Subtotal	\$ _____*
_____	Home Occupation	
	\$25 Base Fee (plus \$100 if a Hearing is required)	\$ _____
	If a Hearing is required add \$15 per notification	\$ _____
	If a Hearing add \$25 for compliance inspection	\$ _____
	Legal Notice in Publication due prior to Hearing	\$ <u>invoiced</u>
	Subtotal	\$ _____*
_____	Lot Line Adjustment	
	\$150 Base Fee (plus \$100 if abutters request a Hearing)	\$ _____
	\$15 per notification – if requested by abutter(s)	\$ _____
	\$25 minimum compliance inspection	\$ _____
	Legal Notice Publication -due prior to Hearing	\$ <u>invoiced</u>
	MCRD** recording fee – separate check per rate below	\$ <u>separate**</u>
	LCHIP*** – separate \$25 check	\$ <u>separate***</u>
	Subtotal	\$ _____*
_____	Voluntary Merger	
	\$60 Base Fee	\$ _____*
	MCRD** recording fee – separate check per rate below	\$ <u>separate**</u>

\* = Please make check payable to “TOWN OF WARNER” for the above amount – due with application.

\*\* = \$26 per plan mylar & \$12.49 per doc. page -Check payable to “Merrimack County Registry of Deeds”

\*\*\* = \$25 per plan set for LCHIP Fee (RSA 478:17-g) - Chk payable to “Merrimack County Registry of Deeds”

**TBD** = \$ Escrow amount shall be determined by the Board. Minimum amount shall be \$500; \$1,000 if new road.

**Re-notifications:** .Additional \$100 fee (or per Board), plus publication notice cost, plus \$15 per notification

**Abutter(s) List**

Please list the names and addresses of all owners of property that abut the subject property, defined as follows:

Any person whose property is located in New Hampshire and (1) adjoins or is directly across a street or stream from, or (2) has a boundary which is within two hundred (200) feet of any boundary of the land under consideration by the Planning Board, or (3) has frontage on a pond on which the land under consideration by the Planning Board also has frontage. 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. [RSA 672:3].

The abutters list must be obtained from the Town of Warner's Assessors records within 5 days of submission of this application

In addition to abutters, please include the names and addresses of the applicant, owner(s) of the subject property, and, as applicable, the owners' agent, engineer, land surveyor, architect, soil scientist, wetland scientist, and holders of conservation, preservation, or agricultural preservation restrictions.

I certify that this abutters list was obtained from the Town of Warner's Assessors records on:

\_\_\_\_\_ (date)

Signature \_\_\_\_\_

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

Map \_\_\_\_\_ Lot \_\_\_\_\_

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

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

Map \_\_\_\_\_ Lot \_\_\_\_\_

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

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

Map \_\_\_\_\_ Lot \_\_\_\_\_

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

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

**Town of Warner Planning Board Abutter(s) List (continued)**

Map \_\_\_\_\_ Lot \_\_\_\_\_

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

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

\_\_\_\_\_

Map \_\_\_\_\_ Lot \_\_\_\_\_

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

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

\_\_\_\_\_

Map \_\_\_\_\_ Lot \_\_\_\_\_

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

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

\_\_\_\_\_

Map \_\_\_\_\_ Lot \_\_\_\_\_

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

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

\_\_\_\_\_

Map \_\_\_\_\_ Lot \_\_\_\_\_

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

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

\_\_\_\_\_

Map \_\_\_\_\_ Lot \_\_\_\_\_

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

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

\_\_\_\_\_