



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 CONCEPTUAL CONSULTATION

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 _____

TODAY'S DATE: _____

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE # 1: _____ **PHONE # 2:** _____ **E-MAIL:** _____

OWNER(S) OF PROPERTY: _____

ADDRESS: _____

PHONE # 1: _____ **PHONE # 2:** _____ **E-MAIL:** _____

AGENT NAME: _____

ADDRESS: _____

PHONE # 1: _____ **PHONE # 2:** _____ **E-MAIL:** _____

STREET ADDRESS & DESCRIPTION OF PROPERTY: _____

MAP # _____ **LOT #** _____ **ZONING DISTRICT:** _____ **NUMBER OF LOTS/UNITS:** _____

FRONTAGE ON WHAT STREET(S): _____

DEVELOPMENT AREAS: _____ **acres/sq.ft.** **BUILDING/ADDITION:** _____ **sq. ft.**

PROPOSED USE: _____

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

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.

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

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: _____

Date of Review: _____ Date of Hearing: _____