



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 AMENDMENT TO PREVIOUSLY APPROVED & RECORDED PLAN

ACTION NEEDED FROM THE ZONING BOARD OF ADJUSTMENT? YES _____ NO _____

WRITTEN WAIVER REQUEST TO SPECIFIC PROVISIONS INCLUDED? YES _____ NO _____

NAME OF APPLICANT _____

ADDRESS _____

PHONE # _____ APPLICANT'S E-MAIL _____

OWNER(S) OF PROPERTY _____

ADDRESS _____

PHONE # _____

AGENT NAME _____

ADDRESS _____

PHONE # _____ AGENT'S 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/UNITS: _____

FRONTAGE ON WHAT STREET(S): _____

DEVELOPMENT AREAS: _____ acres/sq.ft. BUILDING/ADDITION: _____ sq. ft. DEED REFERENCE:

Book _____ Page _____ Please include a copy of the Deed.

PROPOSED USE: _____

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

Authorization from 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.

Signature of Owner(s): _____

Signature of Applicant(s) if different from Owner: _____

Printed name of person(s) who signed above: _____

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:*

Application Fee:

Site Plan Review: \$ 250.00

Subdivision Major (4+ lots): \$ 250.00

+ per lot/unit charge of \$ 50.00

Subdivision Minor (2-3 lots): \$ 250.00

+ per lot/unit charge of \$ 50.00

Lot Line Adjustment: \$ 100.00

Voluntary Merger: \$ 60.00

Abutter Notification: \$ 6.00 per abutter**

Applicant Notification: \$ 1.00 per notification

Recording Fee: \$ 39.00 plus:

Plans per page: 8.5x11-\$11.00 17x22-\$16.00

11x17-\$11.00 22x34-\$26.00

Plus: LCHIP* Surcharge: \$25 with separate check made out to:**

Merrimack County Registry of Deeds

*** Fees for publication of the Legal Notice will be invoiced and must be paid prior to starting the hearing.**

**** Submit a list of all abutters within 200 feet of the boundaries of the property.**

Include abutters' name, address, town, state, zip code, and Map and Lot numbers.

***** LCHIP = Land and Community Heritage Investment Program.**

Abutter(s) List

Please list all abutters **within 200 feet** of the boundaries of the property

If the property abuts a street, the Board of Selectmen shall receive a notice of abutter. If the property abuts a State Highway, the State Department of Transportation as well and the Board of Selectmen shall be notices as abutters. If a referral was received from the Planning Board, they shall be noticed as an abutter.

Map _____ Lot _____

Name: _____

Address: _____

Map _____ Lot _____

Name: _____

Address: _____

Map _____ Lot _____

Name: _____

Address: _____

Map _____ Lot _____

Name: _____

Address: _____

Map _____ Lot _____

Name: _____

Address: _____

Town of Warner Zoning Board of Adjustment Abutter(s) List

Map _____ Lot _____

Name: _____

Address: _____

Map _____ Lot _____

Name: _____

Address: _____

Map _____ Lot _____

Name: _____

Address: _____

Map _____ Lot _____

Name: _____

Address: _____

Map _____ Lot _____

Name: _____

Address: _____
