



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 _____

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.*

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): _____ 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: _____

Fees Submitted: Amount: _____ Cash: _____ Check # _____ Other: _____

Abutter's List Received: Yes _____ No _____

Date of Review: _____ Date of Hearing: _____ Date Approved: _____



**TOWN OF WARNER
Land Use Office**

P.O. Box 265
Warner, New Hampshire 03278-0059
Telephone: (603) 456-2298, ext. 7
Fax: (603) 456-2297
E-Mail: landuse@warner.nh.us

Planning Board - Application Fees

Name of Applicant _____ Project Location: _____
Received By _____ Date Fee Received _____

Type of Application	Fee Schedule	Fee Calculation
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___ Conceptual Consultation (submit application with no plans to copy) **\$ No Fee** _____

___ Subdivision	\$250 Base Fee (Final Application or Design Dev.)	\$ _____
	\$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 rd party review or inspection – per Board	\$ <u>TBD by Board</u>
	MCRD** recording fee – separate check charged below	\$ <u>separate**</u>
	LCHIP*** – separate \$25 check – charged below	\$ <u>separate***</u>
Subtotal		\$ _____ *
		(Check made out to "Town of Warner")

___ Site Plan Review	\$400 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 rd party review or inspection – per Board	\$ <u>TBD by Board</u>
	MCRD** recording decision – check per rate below	\$ <u>separate**</u>
	Subtotal	
		(Check made out to "Town of Warner")

___ 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		\$ _____ *
		(Check made out to "Town of Warner")

___ 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	\$ _____ *
		(Check made out to "Town of Warner")

___ Voluntary Merger	\$60 Base Fee	\$ _____
	MCRD** recording fee – separate check per rate below	\$ <u>separate**</u>
	Subtotal	\$ _____ *
		(Check made out to "Town of Warner")

* = Subtotals above **due with application**. Please make check payable to **"TOWN OF WARNER"** for the above amount.

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.

TWO Separate Checks (Upon completion / approval):		
_____	\$26.00 per plan mylar and \$12.49 per document page – recording fee check payable to "Merrimack County Registry of Deeds"	\$ _____ **
_____	\$25.00 per plan set for LCHIP fee (RSA 478:17-g) – check payable to "Merrimack County Registry of Deeds"	\$ _____ ***

** = \$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) - **Check payable** to **"Merrimack County Registry of Deeds"**

Abutter(s) List

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

“Abutter” as defined in RSA 672:3: also includes any person whose property has a boundary which is within two hundred (200) feet of any boundary of the land under consideration, or has frontage on a pond on which the land under consideration also has frontage. [*Amended March 2020*]

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: _____
