



**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: \_\_\_\_\_



**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: \_\_\_\_\_

\_\_\_\_\_