



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 SITE PLAN REVIEW

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 _____

SELECT ONE: FINAL PLAN SUBMISSION _____ DESIGN REVIEW _____ MODIFICATION TO A PREVIOUSLY APPROVED PLAN _____

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

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/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.*

SUBMIT ONE 22X34 COLOR CODED DRAWING OF SITE PLAN (MAY BE HAND COLORED) PER THE FOLLOWING SPECIFICATIONS: Lot Boundary & Buildings = red, Tree = green, Paved = grey, Gravel = brown, Septic & Well Radius = orange, Open Space & Landscape = yellow, Surface Water=blue, Wetlands = blue stripe.

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: _____

Adopted February 1, 2016



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 _____

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 rd 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 rd 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:

"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.

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 Assessor's 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: _____