



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