



TOWN OF WARNER PLANNING BOARD

P.O. Box 265

Warner, New Hampshire 03278-0059

Telephone: (603) 456-2298, ext. 7

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APPLICATION FOR DETERMINATION OF SITE PLAN REVIEW

Please note that this application is subject to NH RSA 91-A which affords the public access to this information.

TODAY'S DATE: 11/27/2020
Name of Property Owner: White Clover LLC
Mailing Address: 257 Mansion Rd Dunbarton NH 03046
Phone # 1: _____ Phone # 2: _____ E-Mail: _____
Address of Subject Property: 183 West Main Street
Tax Map: 35 Lot: 003 Zoning District: C-1 Intervale
Describe existing/previous tenant use: Construction Office

Days/Hours of Operation of existing/previous tenant: Monday - Saturday 8-6
Number of persons on site engaged in existing/previous business: 3
Describe area used within structure for existing/previous business: 995 square feet
Describe parking for existing/previous business: 6 spaces

Name of Business Owner: Holly Riley
Mailing Address: 257 Mansion Rd Dunbarton NH 03046
Phone # 1: _____ Phone # 2: _____ E-Mail: _____
Business Name: The 121 shop
Describe proposed use: floral arranging, we will deliver to events or customers

Days/Hours of Operation: 7 Days 8:00 - 6:00
Number of employees on site: 3-4
Estimated number of patrons: 0
Class size if applicable: _____
Describe area to be used within structure: 995 square feet

Describe interior repairs/modifications: is same as before

Describe exterior repairs/modifications: new windows, repair roof
the same

Describe area/size to be used outside of structure: none

Describe proposed signage (including the location, size, design and illumination of proposed signs and other advertising or instructional devices): none

Describe parking for proposed business: same as before

Include sketch of property showing areas to be used (including parking facilities): _____

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

Statement of Assurance

I hereby certify that to the best of my knowledge this information is valid and that there is no violation of the approved ordinances, codes and/or regulations of the Town of Warner. I authorize members of the Board or their staff to enter onto my property for the purposes of review.

Holly Riley 11/30/22
Signature of Property Owner(s) Date
(Need signatures of all owner's listed on deed)

Print Name Holly Riley

Signature of Business Owner (if different) _____ Date _____

Print Name _____

For Planning Board Use Only

Date Application Received: _____ Received by: _____

Reviewed by: _____ Date Reviewed: _____

Full Site Plan Review Required: Yes _____ No _____

Signature of Planning Board authorized representative _____ Date _____

