OFFICE USE ONLY

Case #
Date Rec'd
Amount Rec'd
Rec'd by

TOWN OF ASHLAND – PLANNING BOARD

20 HIGHLAND STREET – PO BOX 517

ASHLAND, NH 03217

603-968-4432 FAX 603-968-3776

landusepb@ashland.nh.gov

APPLICATION FOR SITE PLAN REVIEW

SECTION 1: PROPERTY OWNER(S) / APPLICANT(S)

Name(s):				
Mailing Address:				
Work Telephone:	Home Telephone:	Cell Phone:		
Email Address:				
SECTION 2: PROPERTY				
Physical Address of Property:				
Tax Map & Lot:				
Property Zone: Check All That A	pply			
() Commercial	() Industrial	() Village Residential		
() Rural Residential	() Pemi Overlay	() Squam Overlay		
SECTION 3: AGENT(S)				
Name(s):				
Mailing Address:				
Telephone Number(s):	Email Address:			

Please be advised that if you, as the property owner, are having an agent present your application to the Planning Board, the "Letter of Authorization" form must be filled out completely and submitted at the time of the application.

SECTION 4: SITE PLAN REQUIREMENTS (Article 5 of Site Plan Review Regulations)

This application shall include a Site Plan prepared by a New Hampshire licensed surveyor containing, at a minimum, the following details:

- Surveyed boundaries, abutters' names, easements, buffer zones, signs, rights-of-way, streams, drainage
- Location and width of walks, streets and other ways within and around the site
- All existing and proposed buildings, additions, or other structures with their dimensions
- All setback dimensions (front, rear and side)
- Parking and loading spaces, and solid waste disposal facilities
- Location of septic systems, wells, catch basins and other surface drainage facilities
- Location and size of fences, retaining walls, signs and outdoor lighting
- Proposed grading and filling
- Proposed landscaping and existing vegetation
- Elevations and contour lines, if required by the Planning Board

All site plans shall be submitted with the application electronically, as well as hard copy (nine 11" x 17" and three 22' x 34" copies).

SEE ALSO THE FORM "<u>SITE PLAN REVIEW CHECKLIST AND WAIVERS</u>" FOR ADDITIONAL REQUIREMENTS.

REQUESTS FOR WAIVERS FROM ANY REQUIREMENTS MUST BE IN WRITING AND ATTACHED TO THIS APPLICATION.

THIS COMPLETED APPLICATION MUST BE FILED <u>NO LATER THAN 21 DAYS PRIOR</u> TO THE DATE OF THE NEXT SCHEDULED PLANNING BOARD MEETING.

SECTION 5: PROPOSAL	
Description of Your Proposal: _	
SECTION 6: ALL NOTIF	ICATION LETTERS
addresses of all abutters, proper application (for example: engin	rties concerned, this application must include the correct names and <u>mailing</u> ty owner(s), agent(s) and any professionals consulted in the preparation of this eers, architects, land surveyors and soil scientists). For condos, only the d must be notified. If additional space is required, please feel free to use
across the street or stream from the testimony only, and not for purpose that his land will be directly affected municipality of a local land use be collective form of ownership, the the B:3, XXIII. For purposes of receip abutting property being under a manufacture includes the manufacture	neans any person whose property is located in New Hampshire and <u>adjoins or is directly</u> eland under consideration by the local land use board. For purposes of receiving es of notification, the term "abutter" shall include any person who is able to demonstrated by the proposal under consideration. For purposes of receipt of notification by a ard hearing, in the case of an abutting property being under a condominium or other erm abutter means the officers of the collective or association, as defined in RSA 356-t of notification by a municipality of a local land use board hearing, in the case of an anufactured housing park form of ownership as defined in RSA 205-A:1, II, the term do housing park owner and the tenants who own manufactured housing which adjoins on m from the land under consideration by the local land use board.
PROPERTY OWNER(S):	
AGENT:	
Mailing Address:	
ABUTTERS:	
Tax Map & Lot:	Name(s):
Mailing Address:	

		RD RESERVES THE RIGHT TO REQUIRE PAYMENT O		
Total:		(Checks payable to the Town of Ashland)		
Notification Letters:		(\$10 x total number of notification letters in Section 6)		
Application Fee:	\$ 100.00			
SECTION 7: FEES				
Mailing Address:				
Tax Map & Lot:	Name(s):			
Mailing Address:				
Tax Map & Lot:	Na	Name(s):		
Mailing Address:				
Tax Map & Lot:	Na	Name(s):		
Mailing Address:				
	Name(s):			
Mailing Address:				
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Mailing Address:				
	Name(s):			
Mailing Address:				
	Name(s):			
Mailing Address:				
	Name(s):			
	Name(s):			
Tax Map & Lot:				
Tax Map & Lot:	Name(s):			
		Name(s):		
Tax Map & Lot:	Name(s):			
Mailing Address:				

SECTION 8: CERTIFICATIONS

The undersigned hereby submits this application for approval of a site plan pursuant to RSA 674:43 and the Ashland Site Plan Review Regulations and acknowledges and certifies as follows:

Initial Below						
	 A. The person identified in the application as the owner of the property has record title thereto. The applicant certifies that this application is made with proper authorization and consent of all owners of record. B. The applicant/property owner will comply with all ordinances and regulations of the Town of Ashland, and with all conditions or restrictions, imposed in connection with approval of this application. 					
C. The Planning Board, Building Inspector, or other duly authorized representative of the Ashland Planning Board may enter upon the property for the purposes of site inspection in connection with this application, provided that prior notice is given, and this authorization extends to inspection and site visits prior to and after approval, including inspections for the purpose of determining compliance with applicable ordinances and regulations and conditions of approval. D. All representations and statements made by the applicant or the applicant's agent(s) in this application or during the Planning Board's consideration of this application are made knowing they will be relied upon by the Board.						
	personally reviewed this application a herein is true, correct and complete to the					
Applicant Signature	Print Name	Date				
Applicant Signature	Print Name	Date				
Agent Signature	Print Name	Date				