

TOWN OF ASHLAND, NEW HAMPSHIRE
PO BOX 517 – 20 HIGHLAND STREET- ASHLAND, NH 03217
603-968-4432 - (FAX) 603-968-3776
www.ashland.nh.gov

Application for Subdivision

Section 1:

Property Owner (s):

Name (s): _____

Mailing Address: _____

Physical Address of Property to be subdivided: _____

Tax Map & Lot: _____ Zone: _____

Agent (if any):

Name (s): _____

Address: _____

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

Section 2:

This application must include 8 copies (one 22X34 and seven 11X17) of a subdivision map complying with the requirements of Section 5.4 of the Subdivision Regulations. Prior to final approval of the Planning Board, the applicant shall submit a Mylar and 2 paper prints of the final subdivision conforming to any changes or conditions required by the Board and with Section 5.6 of the Subdivision Regulations.

This completed application and all required fees must be filed at the Ashland Town Office, 20 Highland Street, Ashland, NH 03217 no later than 20 days prior to the date of the next scheduled Planning Board meeting.

A complete list of scheduled meetings is available at the Town Office on Highland Street.

Section 3:

Brief Description of Proposed Subdivision and number of proposed lots including number of dwelling units: _____

Section 4:

For the purpose of proper notification of all parties concerned, this application must include the correct names and addresses of all abutters for this section. If additional space is required, please feel free to use additional paper.

ABUTTERS

1. Tax Map & Lot:_____ Name (s):_____

Mailing Address:_____

2. Tax Map & Lot:_____ Name (s):_____

Mailing Address:_____

3. Tax Map & Lot:_____ Name (s):_____

Mailing Address:_____

4. Tax Map & Lot:_____ Name(s):_____

Mailing Address:_____

5. Tax Map & Lot:_____ Name(s):_____

Mailing Address:_____

6. Tax Map & Lot:_____ Name(s):_____

Mailing Address:_____

7. Tax Map & Lot:_____ Name(s):_____

Mailing Address:_____

8. Tax Map & Lot:_____ Name(s):_____

Mailing Address:_____

9. Tax Map & Lot:_____ Name(s):_____

Mailing Address:_____

10. Tax Map & Lot:_____ Name(s):_____

Mailing Address:_____

Section 5: (Checks to be payable to the Town of Ashland)

Application Fee:	\$90.00	
Abutter Notices:	_____	(Number of abutters x \$6.49 postage)
Registry Filing Fee:	\$26.00	
Total	\$	_____

**Notice to Applicant: The Board reserves the right to require payment of additional fees or costs that may be required during consideration of the application.

IN ADDITION A SEPARATE BUSINESS CHECK OR MONEY ORDER FOR \$25.00 MADE OUT TO "GRCD" TO COVER THE LCHIP TAX.

Section 6:

The undersigned hereby submits this application for approval of a subdivision pursuant to RSA 676 and the Ashland Subdivision Regulations and acknowledges and certifies as follows:

- 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.
- E. The applicant certifies that all abutters, and professionals consulted in the preparation of this application, including engineers, architects, land surveyors and soil scientists are listed to receive notice of this application, as described in Section 4.

I/We certify that we have read and personally reviewed this application and the materials submitted herewith, and that the information contained herein is true, correct and complete to the best of my/our knowledge and belief.

(Please print your name beside your signature for record keeping purposes. Thank You)

Applicant signature

Date

Co-Applicant signature

Date

Agent signature

Date

LETTER OF AUTHORIZATION

Ashland Planning Board
20 Highland Street
Ashland, NH 03217

Dear Planning Board,

I/We hereby authorize the following individual(s) and/or company to act on my/our behalf in regards to the Subdivision Application for property located on _____, Ashland, NH 03217. Reference Town of Ashland Tax Map & Lot:_____.

AGENT INFORMATION:

Name(s):_____

Company Name:_____

Mailing Address:_____

Telephone Number:_____

Property Owner – Signature/Print

Date

Property Owner - Signature/Print

Date

Property Owner - Signature/Print

Date

Property Owner - Signature/Print

Date