MAP & LOT

Town of New Durham

LAND USE APPLICATION

General Information

Land Owner	Name:_____	Property Address_____	
	Permanent Address:_____	City, State, Zip: _____	
	Map & Lot: _____	Phone #: _____	Email _____
Application Preparer	Person Preparing Application: _____		
	Applicant Company: _____		
	Applicant Address _____		
	Applicant City, State, Zip _____		
	Cell Phone_____	Email_____	
	Business Phone_____	Fax:_____	
Licensed Professionals	**Assisting with Plan** *(Provide name, email, phone #)*		
	Surveyor:		
	Engineer:		
	Soil Scientist:		
	Wetlands Scientist:		
	Other:		

This is an application for:			
Planning Board		Zoning Board	
___	Subdivision	___	Variance
___	Site Plan	___	Special Exception
___	Conditional Use Permit	___	Equitable Waiver
___	Voluntary Merger	___	Appeal
___	Boundary Line Adjustment		
___	Excavation Permit		

Please Check the Appropriate Underlying Zoning District: *This information can be found at the town website by clicking on the home page link to "tax and feature maps".*

___Town Center Mixed Use

___Residential, Agricultural, Recreational

Please Check all Overlay Districts that Cover any Part of the Property:

___Aquifer Protection Overlay

___Conservation Focus Area District

___Shore Front Conservation Area

___Steep Slopes Conservation District

___Water Quality Protection

___Wetlands Conservation Overlay

"I hereby authorize the New Durham Planning Board and its agents to access my land for the purpose of reviewing this subdivision plan, performing road inspections and any other inspections deemed necessary by the board or its agents, to ensure conformance of the on-site improvements with the approved plan and all Town of New Durham ordinances and regulations."

Owner's Signature (Not Applicant) _____

The owner certifies that any additional costs for engineering or professional services incurred by the Planning Board, Zoning Board, or the Town of New Durham in the final application process of this property shall be borne by the application and/or owner.

Applicant/Owner/Agent:_____Date_____