



P r e l i m i n a r y C o n s u l t a t i o n

Town of Stratham, NH Preliminary Consultation

Map# _____ Lot# _____

Project Name: _____

Location: _____

Project Description: _____

Applicant:

Name: _____ Phone: _____

Company: _____ Fax: _____

Address: _____

Email Address: _____

Owner:

Name: _____ Phone: _____

Company: _____ Fax: _____

Address: _____

Email Address: _____

Agent:

Contact Name: _____ Phone: _____

Company: _____ Fax: _____

Address: _____

Email Address: _____

By signing this application, you are agreeing to all rules and regulations of the Town of Stratham, and are agreeing to allow agents of the Town of Stratham to conduct inspections, during normal town business hours, of your property, to ensure compliance with all Stratham Zoning, Subdivision and or Site Plan Review regulations while your application is under consideration.

Signed: _____ Date: _____

Fees:

Preliminary Consultation: Application fee of \$75.00

*Additional fees may be charged to cover inspection and review cost.

For Office Use Only

Date Application Received: _____ Total Fees Collected with Application: \$ _____

PB Application Acceptance Date: _____ PB Hearing Date: _____