



TOWN OF STRATHAM

10 Bunker Hill Avenue, Stratham NH 03885
 Planning Department (603) 772-7391
 www.strathamnh.gov

SITE PLAN REVIEW APPLICATION

1. CHECKLIST SUMMARY					
1. This completed application (including all application package contents noted in the Site Plan Review Checklist) must be filed with the Planning Board's Agent no later than 12:00 PM on the deadline day published in the Planning Board's Schedule of Regular Board Meetings. 2. Fees (cash or check). Make checks payable to the Town of Stratham.					
Application: <input type="checkbox"/> Preliminary Consultation <input type="checkbox"/> Site Plan Review <input type="checkbox"/> Site Plan Amendment (check one) <input type="checkbox"/> Expedited Site Plan Review (Eligible for minor amendments. Consult with Town Planner for eligibility)					
Please complete this application thoroughly and accurately, and attach the required exhibits as indicated in the Site Plan Review Checklist. Please note that an incomplete application will not be accepted for processing.					
2. APPLICANT AND PROPERTY OWNER INFORMATION					
APPLICANT NAME:					
Phone #:		Email Address:			
Mailing Address:					
PROPERTY OWNER NAME (If different from Applicant):					
Phone #:		Email Address:			
Mailing Address:					
3. PROPERTY/PROJECT INFORMATION:					
Street Address:					
Tax Map:		Property Deed Information:	Book: _____	Page: _____	
Lot(s):		Total parcel area (SF):		Total parcel area (acres):	
Zoning District(s): Check all that apply. <input type="checkbox"/> Commercial/Light Industrial/Office <input type="checkbox"/> Residential/Agricultural <input type="checkbox"/> Flexible/Mixed Use Development <input type="checkbox"/> Retirement Planned Community <input type="checkbox"/> Gateway Commercial Business <input type="checkbox"/> Route 33 Legacy Highway Heritage <input type="checkbox"/> Industrial <input type="checkbox"/> Special Commercial <input type="checkbox"/> Manufactured Housing/Mobile Home <input type="checkbox"/> Town Center <input type="checkbox"/> Professional/Residential			Overlay District(s): Check all that apply. <input type="checkbox"/> Aquifer Protection <input type="checkbox"/> Floodplain Management <input type="checkbox"/> Shoreline Protection <input type="checkbox"/> Wetland Conservation		
4. PROFESSIONAL SUPPORT: (Include additional sheets if necessary.)					
COMPANY NAME:					
				Contact:	
Mailing Address:					
Phone #:					
		Email Address:			
Mailing Address:					
COMPANY NAME:					
				Contact:	
Mailing Address:					
Phone #:					
		Email Address:			
Mailing Address:					

5. PROJECT DESCRIPTION

Briefly describe your existing and proposed use(s):

Existing Residential Building Area (SF):		Existing Commercial Building Area (SF):	
Additional Residential Building Area (SF):		Additional Commercial Building Area (SF):	

Does the site plan include a commercial use? Yes No

If yes, what are the anticipated hours and days of operation? _____

6. APPLICANT'S CERTIFICATION:

I/We declare under penalty of perjury that all of the submitted information is true and correct to the best of my knowledge and belief. I/We have read and agree to abide by the regulations of the Town of Stratham. I/We understand that any misrepresentations of submitted data may invalidate any approval of this application. If the use is not operated in compliance with these regulations, the permit may be revoked by the Code Enforcement Officer or the Zoning Board of Adjustment.

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, or your property, to ensure compliance with all Stratham Zoning, Subdivision and/or Site Plan Review regulations while your application is under consideration. The Town accepts electronic signatures on this application. Electronic signatures carry the same validity, enforceability and admissibility, as handwritten signatures.

I/We, the undersigned, authorize _____ to act as the professional and primary contact representing this application before the Stratham Planning Board. Communications related to this application, including those from the Stratham Planning Department, will be directed to this representative.

 _____ **Signature of Applicant** _____ **Print Applicant's Name** _____ **Date**
 _____ **Signature of Property Owner** _____ **Print Property Owner's Name** _____ **Date**

PROPERTY OWNER'S INFORMATION IF APPLICANT IS RENTING/LEASING

You must submit a signed letter from the property owner stating that you have their permission to conduct the proposed business project on their property. This letter must include the property owner's name, current address, and telephone number.

SCHEDULE OF FEES FOR PLAN SUBMISSION

Fees will be calculated by Planning Department Staff with payment due at the time of final plan submission for the following:

- Preliminary Consultation - \$75.00 plus \$2.00 per abutter/applicant/consultant for regular mail.
- Expedited Site Plan Review (notice costs do not apply) - \$100.00.
- Site Plan Amendment - \$100.00 plus notice costs.
- Site Plan Review - \$100.00 per 1,000 square feet of building construction (minimum \$100.00) plus notice costs.
- Notice Costs - \$150.00 plus \$10.00 per abutter/applicant/consultant for the costs of all notice requirements including newspaper publication, and postage for certified mail and regular mail.

Please note that additional Special Investigative, Recording, and Municipal Review costs may apply. Review the Site Plan Review Regulations for more information and contact the Town Planner with questions.

PLEASE DO NOT WRITE BELOW THIS LINE – FOR PLANNING DEPARTMENT USE ONLY

Application Fee: _____ Check Number: _____
 Public Notice Fee: _____ Check Amount: _____
 Abutter Notice Fee: _____ Check Payor: _____