



# TOWN OF STRATHAM

*Incorporated 1716*

10 Bunker Hill Avenue, Stratham, NH 03885

Planning Department 603-772-7391, option 4

[www.strathamnh.gov](http://www.strathamnh.gov)

## SITE PLAN REVIEW APPLICATION

### 1. APPLICATION TYPE:

**Application:** ☐ Preliminary Consultation ☐ Design Review ☐ Site Plan Review ☐ Site Plan Amendment  
(check one)

This completed application (including all application package contents noted in the Site Plan Review Checklist) and associated fees 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.

Fees may be paid by cash, check, or credit card (by request). Make checks payable to the Town of Stratham. Requests for credit card links must be prior submitted prior to application submission.

Complete this application thoroughly and accurately. Incomplete applications 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 INFORMATION:

|  |  |   |                         |
|--|--|---|-------------------------|
| Street Address:  |  | Parcel ID(s):   |                         |
| Total parcel area:   | _____ <input type="checkbox"/> acres <input type="checkbox"/> SF | Property Deed Information:  | Book: _____ Page: _____ |
| Zoning District(s): Check all that apply.<br><input type="checkbox"/> Commercial/Light Industrial/Office<br><input type="checkbox"/> Flexible/Mixed Use Development<br><input type="checkbox"/> Gateway Commercial Business<br><input type="checkbox"/> Industrial<br><input type="checkbox"/> Manufactured Housing/Mobile Home<br><input type="checkbox"/> Professional/Residential |  | Overlay District(s): Check all that apply.<br><input type="checkbox"/> Aquifer Protection<br><input type="checkbox"/> Floodplain Management<br><input type="checkbox"/> Shoreland Protection<br><input type="checkbox"/> Wetland Conservation |                         |

### 4. PROFESSIONAL SUPPORT (Include additional sheets if necessary.):

|                  |  |                |  |
|------------------|--|----------------|--|
| Company Name:    |  | Contact:       |  |
| Phone #:         |  | Email Address: |  |
| Mailing Address: |  |                |  |
| Company Name:    |  | Contact:       |  |
| Phone #:         |  | Email Address: |  |
| Mailing Address: |  |                |  |

## 5. PROJECT DESCRIPTION:

Briefly describe your existing and proposed use(s): (If needed, you may attach the narrative on a separate document.)

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, on 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:

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

Preliminary Consultation: \$75.00.

Design Review: \$150.00 plus notice costs.

Site Plan Review & Site Plan Amendment: \$100.00 per 1,000 square feet of building construction (minimum \$100.00) plus notice costs.

Notice Costs: \$50.00 plus \$10.00 per abutter/easement holder/applicant/owner/consultant for the costs of all notice requirements, including administrative services, materials, and postage for certified 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 Director of Planning and Building 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: \_\_\_\_\_