



TOWN OF STRATHAM

Incorporated 1716

10 Bunker Hill Avenue, Stratham, NH 03885

Planning Department 603-772-7391

www.strathamnh.gov

SUBDIVISION APPLICATION

1. APPLICATION TYPE:

Application: ☐ Preliminary Consultation ☐ Minor Subdivision Review*
(check one) ☐ Lot Line Revision ☐ Major Subdivision Review**

*A minor subdivision is one that will create not more than 3 lots and does not require construction of a road.

**A major subdivision is one that creates more than 3 lots or includes construction of a road.

This completed application (including all application package contents noted in the Subdivision 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: <input type="text"/> Page: <input type="text"/>
Zoning District(s): Check all that apply. <input type="checkbox"/> Commercial/Light Industrial/Office <input type="checkbox"/> Flexible/Mixed Use Development <input type="checkbox"/> Gateway Commercial Business <input type="checkbox"/> Industrial <input type="checkbox"/> Manufactured Housing/Mobile Home <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"/> Shoreland Protection <input type="checkbox"/> Wetland Conservation	
<input type="checkbox"/> Residential/Agricultural <input type="checkbox"/> Retirement Planned Community <input type="checkbox"/> Route 33 Legacy Highway Heritage <input type="checkbox"/> Special Commercial <input type="checkbox"/> Town Center			

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):



Existing # of Lots:		Existing # of Units:		Existing Total Impervious Surface Area (SF):	
Proposed # of Lots:		Proposed # of Units:		Proposed Total Impervious Surface Area (SF):	

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 authorize _____ to submit this application to the Stratham Planning Board and 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.

	_____	_____	_____
	<i>Signature of Applicant</i>	Print Applicant's Name	Date
	_____	_____	_____
	<i>Signature of Owner</i>	Print Owner's Name	Date

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 plus \$2.00 per abutter/applicant/consultant for regular mail.

Lot Line Revision - \$150.00 plus notice costs.

Minor Subdivision - \$150.00 for the first lot, plus \$100.00 for each lot or unit thereafter plus notice costs.

Major Subdivision - \$250.00 for the first lot, plus \$100.00 for each lot or unit thereafter 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 Subdivision Regulations for more information and contact the Planning Director 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: _____