



TOWN OF STRATHAM

Incorporated 1716

10 Bunker Hill Avenue, Stratham, NH 03885

Planning Department 603-772-7391, option 4

www.strathamnh.gov

PRELIMINARY CONCEPTUAL CONSULTATION APPLICATION

Check all that apply: Site Plan Review Subdivision Conditional Use Permit

APPLICANT & PROPERTY OWNER INFORMATION:			
Applicant Name:			
Phone #:		Email Address:	
Mailing Address:			
Property Owner Name (If different from Applicant):			
Phone #:		Email Address:	
Mailing Address:			
PROPERTY INFORMATION:			
Street Address:		Parcel ID(s):	
Total parcel area:	_____ <input type="checkbox"/> acres <input type="checkbox"/> SF	Property Deed Information:	Book: _____ Page: _____
Existing Use of Property:			
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		<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	
		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	
PROFESSIONAL SUPPORT: (Include additional sheets if necessary.)			
Company Name:		Contact:	
Phone #:		Email Address:	
Mailing Address:			
Company Name:		Contact:	
Phone #:		Email Address:	
Mailing Address:			
PROJECT DESCRIPTION: (Attach a separate sheet if necessary.)			
Describe the proposed use or activity that requires a Site Plan Review, Subdivision approval, and/or Conditional Use Permit.			

CONDITIONAL USE PERMIT INFORMATION (If CUP is applicable to this project, check all that apply):

- Uses Permitted By Conditional Use Permit – ZO §3.6
- Flexible/Mixed Use Development District – ZO §3.7.4
- Gateway Commercial Business District – ZO §3.8.6
- Town Center District – ZO §3.9.6
- Solar Energy Systems – ZO §5.13
- Signage – ZO §7.3
- Residential Open Space Cluster Development – ZO §8.6

- Wetlands Conservation District – ZO §11.5 and/or 11.6
- Shoreland Protection District – ZO §12.7
- Sewage Sludge and Residential Septage Application – ZO §14.3.4
- Telecommunication Facilities – ZO §19.8
- Sanitary Protection & Septic Ordinance – ZO §20.3

I declare under penalty of perjury that all of the submitted information is true and correct to the best of my knowledge and belief.

Signature of Applicant

Print Applicant's Name

Date

Signature of Property Owner

Print Property Owner's Name

Date

AUTHORIZATION TO ENTER THE SUBJECT PROPERTY:

I hereby authorize members of the Stratham Planning Board, Planning Department, Conservation Commission, and other pertinent Town Departments and Boards to enter my property for the purpose of evaluating this application. It is understood that these individuals must use all reasonable care, courtesy, and diligence when on the property.

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 Property Owner

Print Property Owner's Name

Date

INSTRUCTIONS FOR SUBMITTING A COMPLETE APPLICATION:

For an application to be scheduled on the next available Planning Board agenda, the following items **MUST** be submitted to the Planning Department by the officially posted submittal time and date:

- Nine (9) copies of the completed and signed application form, and all supporting documentation.**
The application will not be placed on the Planning Board agenda unless all required signatures are on the application. The property owner **MUST** sign the application form.
- One (1) full size and nine (9) 11" x 17" prints of the plan set (if applicable).**
- Preliminary Consultation filing fee - \$100.00.** All checks are to be made payable to the Town of Stratham.

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

Check Number: _____ Check Amount: _____ Check Payor: _____