

## TOWN OF STRATHAM

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

## SUBDIVISION APPLICATION

1. CHECH	KLIST	SU	MMARY:									
<ol> <li>This completed application (including all application package contents noted in the Subdivision 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.</li> <li>Fees may be paid by cash, check, or credit card. Make checks payable to the Town of Stratham. Credit card payments are subject to additional user fees.</li> </ol>												
Application			liminary Cor		ion				r Subdivisio			
(check one) Lot Line Revision Major Subdivision Review**  *A minor subdivision is one that will not create more than 3 lots and does not require construction of a road.												
			one that will n one that creat									
Please complete this application thoroughly and accurately, and attach the required exhibits as indicated in the Subdivision Checklist. Please note that an incomplete application will not be accepted for processing.												
2. APPLICANT AND PROPERTY OWNER INFORMATION:												
APPLICANT	ΓΝΑΜΕ	Ε:										
Phone #:						En	nail Addı	ress:				
Mailing Address:												
PROPERTY OWNER NAME (If different from Applicant):												
Phone #:						En	nail Addı	ress:				
Mailing Address:												
3. PROPERTY/PROJECT INFORMATION:												
Street Addre	ss:											
Tax Map:				Property Deed Information:				ion:	Book: Page:			
Lot(s):				Total parcel area (SF):						Total parcel area (acres):		
C	` ′		k all that appl		_					Overlay District(s): Check all that apply.		
Commercial/Light Industrial/Office					Residential/Agricultural					Aquifer Protection		
Flexible/Mixed Use Development				Retirement Planned Cor					•	Floodplain Management		
Gateway Commercial Business				Route 33 Legacy Highv				_	vay Heritage	Shoreline Protection		
☐ Industrial	L	Special Commercial					Wetland Conservation					
	■ Manufactured Housing/Mobile Home       ■ Town Center         ■ Professional/Residential       ■ Professional/Residential											
4. PROFI	ESSIO	NA	L SUPPOF	RT: (I	nclud	le a	dditio	nal sh	eets if nece	essary.)		
COMPANY NAME:								Contact:				
Phone #:				Email Address:								
Mailing Add	ress:											
COMPANY	NAME:								Contact:			
Phone #:						En	nail Add	ress:				
Mailing Add	ress:											

5. PROJECT DESCRIPTION:												
Briefly describe your existing	and proposed use(s):											
Existing Number of Lots:		Existing Total Impervious Surface Area (SF):										
Proposed Number of Lots:		Proposed Total Impervious Surface Area (SF)	:									
6. APPLICANT'S CER												
belief. I/We have read and agr of submitted data may invalid the permit may be revoked by By signing this application, yo	ree to abide by the regula late any approval of this a the Code Enforcement On ou are agreeing to all rule	submitted information is true and correct to the tions of the Town of Stratham. I/We understand application. If the use is not operated in completicer or the Zoning Board of Adjustment.  s and regulations of the Town of Stratham, and	d that any misrepresentations iance with these regulations, 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.												
Signature of A	pplicant	Print Applicant's Name	Date									
Signature of	Owner	Print Owner's Name	Date									
SCHEDULE OF FEES FOR	PLAN SUBMISSION											
		vith payment due at the time of final plan submi	ssion for the following:									
Preliminary Consultat	ion - \$75.00 plus \$2.00 pe	er abutter/applicant/consultant for regular mail.	-									
Lot Line Revision - \$1	50.00 plus notice costs.											
		us \$100.00 for each lot or unit thereafter plus no										
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 Sp Regulations for more informa		rding, and Municipal Review costs may apply. In Planner with questions.	Review the Site Plan Review									
-		•										
PLEASE	DO NOT WRITE BELOW	THIS LINE – FOR PLANNING DEPARTMENT US	SE ONLY									
Application Fee:		Check Number:										
Public Notice Fee:												
		Check Amount:										