

TOWN OF STRATHAM

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

ROUTE 33 HERITAGE DISTRICT APPLICATION

Applications which require Site Plan Approval and/or Conditional Use Permit Approval must attach completed Site Plan and/or Conditional Use Permit applications.

PROJECT ADDRESS:	MAP & LOT:	
APPLICANT AND PROPERTY OWNER INFORMATION:		
APPLICANT NAME:	, , , , , , , , , , , , , , , , , , , ,	
Phone #:	Email Address:	
Mailing Address:		
PROPERTY OWNER NAME (If different fr	om Applicant):	
Phone #:	Email Address:	
Mailing Address:		
ENGINEER and/or ARCHITECT II COMPANY NAME:	NFORMATION (if applicable Con	
Phone #:	Email Address:	tact:
Mailing Address:	Email Address:	
Manning Address.		
COMPANY NAME:	Con	tact:
Phone #:	Email Address:	
Mailing Address:		
DESCRIPTION OF PROPOSED PROJECT:		
	002011	
EXISTING INTERIOR SQUARE-FO	OTAGE: PRO	POSED ADDITIONAL AREA:
	701110211110	
Ry signing this application, you are agreein	g to all rules and regulations of th	e Town of Stratham, and are agreeing to allow agents of
the Town of Stratham to conduct inspection	s, during normal business hours, o	of your property, to ensure compliance with all Stratham
Zoning and Site Review regulations while y	our application is under considera	tion and during construction phases.
APPLICANT'S SIGNATURE:		DATE:
OWNER'S DECLARATION (if third	party professional will repre	sent owner):
I/We (property owner)	of the land located at,	
Stratham, NH do hereby authorize (nam	m, NH do hereby authorize (name)of (firm)	
		Committee and Stratham Planning Board.
	, ,	-
OWNER'S SIGNATURE:		DATE:

APPLICATION FEES: