

PLANNING BOARD FILE # \_\_\_\_\_

DATE FILED: \_\_\_\_\_

**SOUTH HAMPTON PLANNING BOARD  
LOT LINE ADJUSTMENT APPLICATION FORM**

Date the application is accepted as complete by the South Hampton Planning Board: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner of Record: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Proposed Lot Line Adjustment: \_\_\_\_\_  
(street name or address as listed on the tax maps)

Tax Map(s): \_\_\_\_\_ Lot Number(s): \_\_\_\_\_

Signature of Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Surveyors Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Number & expiration date of current NH License: \_\_\_\_\_

Application is Approved/Denied, Date: \_\_\_\_\_  
(copy of letter of denial attached)

Signed by: \_\_\_\_\_  
Chairman

**For Planning Board use only, please file with application.**

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PLANNING BOARD FILE #: \_\_\_\_\_

Application for:            Lot Line Adjustment        \_\_\_\_\_

Location: \_\_\_\_\_  
(street name or address as listed on the tax maps)

Tax Map(s): \_\_\_\_\_

Lot Number(s): \_\_\_\_\_

APPLICATION FEES PAID, DATE: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

APPLICATION REVIEW, DATE: \_\_\_\_\_

ACCEPTANCE OF COMPLETED APPLICATION, DATE: \_\_\_\_\_

PUBLIC HEARING, DATE: \_\_\_\_\_  
(upon acceptance of completed application)

APPLICATION REVIEW/PUBLIC HEARING NOTICE PUBLISHED, DATE: \_\_\_\_\_

APPLICATION REVIEW/PUBLIC HEARING NOTICE POSTED, DATE: \_\_\_\_\_

APPLICATION REVIEW/PUBLIC HEARING NOTICE TO ABUTTERS, DATE: \_\_\_\_\_

**Please file with application.**

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**COSTS & FEES**

EFFECTIVE DATE: MAY 16, 2005

PLANNING BOARD FILE #: \_\_\_\_\_

LOT LINE ADJUSTMENT:

APPLICATION FEE: (\$25.00 per lot) \_\_\_\_\_

PUBLIC HEARING FEE: \$150.00

ABUTTERS NOTICE: (\$10.00 per abutter) \_\_\_\_\_

ENGINEERING REVIEW: \_\_\_\_\_  
(Applicant shall bear actual cost to town for engineering review)

CONSULTANT REVIEW: \_\_\_\_\_  
(Applicant shall bear actual cost to town for consultant review)

DOCUMENT LEGAL REVIEW: \_\_\_\_\_  
(Applicant shall bear actual cost to town for legal review)

FILING FEE, MYLAR: (\$40.00 per page) \_\_\_\_\_

L CHIP SURCHARGE FEE: (effective 1/1/09) \$25.00

DRIVEWAY PERMIT: (\$50.00 per driveway) \_\_\_\_\_  
(issued for driveways on Town roads only)

TOTAL: \_\_\_\_\_

MAKE CHECK PAYABLE TO THE TOWN OF SOUTH HAMPTON.

ALL FEES SUBJECT TO CHANGE WITHOUT NOTICE; UPON APPROVAL OF THE SOUTH HAMPTON BOARD OF SELECTMEN.

**NAMES AND ADDRESSES OF ABUTTERS**

NOTE: In accordance with NH RSA 676:4(b), the names and addresses of all the abutters must be those indicated in Town records not more than 5 days before the day of filing this application and must be certified by the Town Clerk or Administrative Assistant.

1. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

2. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

3. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

4. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

5. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

6. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

7. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PLANNING BOARD FILE #: \_\_\_\_\_

8. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

9. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

10. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

11. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

12. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

13. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

14. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

15. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PLANNING BOARD FILE #: \_\_\_\_\_

16. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

17. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

18. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

19. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

20. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

21. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

22. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

23. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

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**ADDENDUM B**  
**SOUTH HAMPTON SUBDIVISION REGULATIONS**

**LOT LINE ADJUSTMENT REQUIREMENTS**

**INFORMATION REQUIRED:**

Lot Line Adjustments or boundary agreements are those applications which do not create new building lots. The following information is required:

- \_\_\_ 1. Name, mailing address and telephone number of applicant.
- \_\_\_ 2. Name, mailing address and telephone number of owner of record (if other than applicant).
- \_\_\_ 3. Location of proposed Lot Line Adjustment.
- \_\_\_ 4. Town of South Hampton Tax Map(s) and Lot Numbers of affected properties.
- \_\_\_ 5. Name, mailing address and telephone number of the Surveyor preparing the plan.
- \_\_\_ 6. Abutters: Name, mailing address, South Hampton Tax Map(s) and Lot Number(s) of all Abutters as defined in Section V.

**OBTAINING AN APPLICATION; SCHEDULING A HEARING:**

No Lot Line Adjustment hearing shall be scheduled unless an application has been submitted in accordance with Sections VI, VII and VIII of these Regulations.

Copies of the Lot Line Adjustment Application may be obtained from the office of the Planning Board.

**ADDENDUM D**  
Town of South Hampton, NH

**Certificate of Monumentation Installation Form**

Sub divider's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address of Property Subdivided: \_\_\_\_\_

Tax Map #: \_\_\_\_\_ Lot #: \_\_\_\_\_

Surveyor of Approved Plan: \_\_\_\_\_

Date of Planning Board Approval or Conditional Approval: \_\_\_\_\_

Number of concrete or granite monuments required by approved plan: \_\_\_\_\_

Number of iron pipe monuments required by approved plan: \_\_\_\_\_

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**SURVEYOR'S STATEMENT**

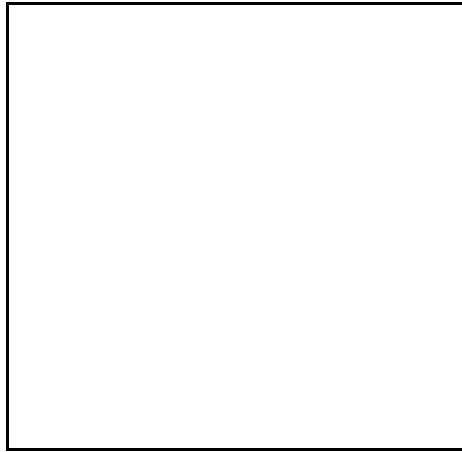
"I hereby certify that the monumentation required on the above referenced subdivision plan has been accurately installed under my supervision and said monumentation complies with Section 7.20 of the South Hampton Subdivision Regulations."

Signature of Surveyor: \_\_\_\_\_

Date: \_\_\_\_\_

Surveying Company: \_\_\_\_\_

Telephone: \_\_\_\_\_



Seal of Surveyor

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For Planning Board Use Only:

Date of Receipt: \_\_\_\_\_ Received By: \_\_\_\_\_



