

PLANNING BOARD FILE # _____

DATE FILED: _____

**SOUTH HAMPTON PLANNING BOARD
SUBDIVISION / SITE PLAN REVIEW / DESIGN REVIEW APPLICATION FORM**

Application for: Subdivision _____
 Small Subdivision _____
 Site Plan Review _____
 Design Review _____

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: _____

Subdivision/Site Plan/Design Review Location: _____
(street name or address as listed on the tax maps)

Tax Map(s): _____ Lot Number(s): _____

Total Acres: _____ Number of Lots Proposed: _____

Zoning Districts: _____

Signature of Applicant: _____ Date: _____

Other Signature(s), if Applicable: _____ Date: _____

Surveyors Name: _____ Phone #: _____

Mailing Address: _____

Number & expiration date of current NH License: _____

Soil Scientist Name: _____ Phone #: _____

Mailing Address: _____

Number & expiration date of current NH License: _____

Engineer's Name: _____ Phone #: _____

Mailing Address: _____

Number & expiration date of current NH License: _____

Other Professional's 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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Application for:	Subdivision	_____
	Small Subdivision	_____
	Site Plan Review	_____
	Design Review	_____

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.

COSTS & FEES

EFFECTIVE DATE: MAY 16, 2005

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SUBDIVISION/SITE PLAN REVIEW/DESIGN REVIEW:

APPLICATION FEE: (\$25.00 per lot) _____

PUBLIC HEARING FEE: \$150.00

ABUTTERS NOTICE: (\$15.00 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: (\$100.00 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: _____

If more than 7 abutters please copy page and attach,

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The Planning Board will accept the application as complete and will begin the review process if the application includes:

1. The plan for the proposed subdivision of land incorporating the requirements of Sections 7 and 8 of these Regulations,
2. The list of current abutters,
3. Letter of intent (the application form may serve as this document),
4. Letter of authorization (if required),
5. A copy of the deed, and
6. The money to cover all fees as required in 6.3.1 through 6.3.4.

The 65-day review period called for in RSA 676:4 I(c) shall begin upon receipt by the Board of a completed application as described in section 1-6 above. Acceptance of the completed application must occur at a properly noticed public meeting. The minutes of the meeting shall indicate which, if any, applications are accepted for review.

Should an application be found incomplete, the Board shall notify the applicant, in writing, requesting that the necessary documentation be submitted and informing the applicant that no further consideration of the application can be made until the application is complete. Furthermore, this notification shall be considered a written formal Denial in accordance with RSA 676:4, 676:3, and this section, unless otherwise noted.

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: _____

SURVEYOR'S STATEMENT

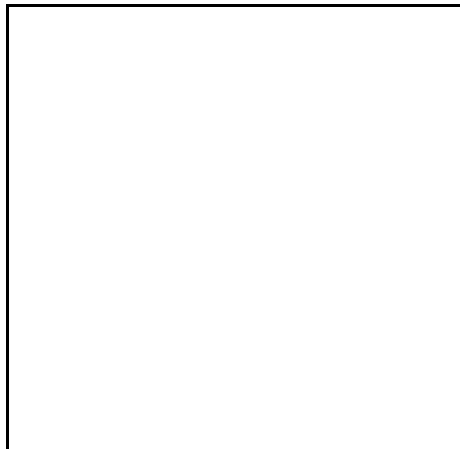
"I hereby certify that the monumentation required on the above referenced subdivision plan has been accurately installed under my supervision and said monumentation complies with Section 7.20 of the South Hampton Subdivision Regulations."

Signature of Surveyor: _____

Date: _____

Surveying Company: _____

Telephone: _____



Seal of Surveyor

For Planning Board Use Only:

Date of Receipt: _____ Received By: _____

