

**Middleton Planning Board**  
**182 Kings Highway Middleton, New Hampshire 03887**  
**603-473-2261 fax: 603-473-2577**

**APPLICATION FORM**

**TYPE OF APPLICATION:** Please circle one:  
**Boundary Line Adjustment    Subdivision    Site Plan Review**

**PROPERTY OWNER/S**(Multiple owners must each be listed & sign)**PRINT&SIGN**

Name/s: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
Daytime Phone #: (\_\_\_\_\_) \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE:**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Daytime Phone #: (\_\_\_\_\_) \_\_\_\_\_

**SURVEYOR:**

Name: \_\_\_\_\_

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

Daytime Phone #: (\_\_\_\_\_) \_\_\_\_\_

License #: \_\_\_\_\_

**OTHER PROFESSIONALS WHO STAMPS APPEAR ON THE PLANS:**

Name: \_\_\_\_\_

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

Daytime Phone #: (\_\_\_\_\_) \_\_\_\_\_

License #: \_\_\_\_\_

**SITE IDENTIFICATION:**

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

Street Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_

**PROJECT DESCRIPTION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional pages if necessary

**SUBMIT WITH APPLICATION:** Enter Amount due:\$ \_\_\_\_\_

**CERTIFICATION:** I hereby certify that all information presented as part of this application is, to the best of my knowledge, correct. I agree to be billed directly and will pay for any Planning Board Consultants required. This application meets all the requirements of Middleton Zoning Ordinance/Regulations, Town Regulations and Planning Board directives.

**Signature of Owner/s:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**CALCULATION OF FEES:**

Subdivision:

Base fee 150.00

\$50 per lot

Site Plan Review (if necessary, \$150)

Abutter's Notices (\$7.82 each)

Newspaper notice (minimum \$50 or cost)

Recording (size plus \$5)

Minor Lot Line Adjustment 50.00

Voluntary Merger 50.00

**POTENTIAL REGIONAL IMPACT:** (Circle) YES NO

**DATES:**

**APPLICATION RECEIVED:** \_\_\_\_\_

**ABUTTERS LIST PREPARED:** \_\_\_\_\_

**APPLICATION ACCEPTANCE:** \_\_\_\_\_

**PUBLIC HEARING(S) AND OTHER MEETINGS:** \_\_\_\_\_

\_\_\_\_\_

**DECISION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONDITIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ABUTTERS LIST**

On this sheet, list the map and lot number of the parcel/s, name and mailing address of the property owner, authorized agent (if applicable), all professionals whose stamps appear on the plan (including; surveyor, engineer, architect, etc), and all abutters as indicated in Town records not more than five days prior to submittal, per RSA 676:4,I(b). In addition, please attach an adhesive mailing label for each entry.

MAP	LOT	Owner	Mailing Address
_____	_____	(owner/s)	_____
_____	_____	(agent)	_____
_____	_____	(surveyor)	_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
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_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____

(Attach additional copies of this form if necessary)

Person/Firm who prepared this list: \_\_\_\_\_

**Date of preparation:** \_\_\_\_\_

I hereby certify that all information presented on this form is, to the best of my knowledge, correct:  
Signature of Person submitting application: \_\_\_\_\_

**CERTIFICATE OF MONUMENT INSTALLATION**

Subdivider's Name:

\_\_\_\_\_

Tax Map and Lot Number:

\_\_\_\_\_

Surveyor of Approved Plan:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Date of Planning Board Approval or Conditional Approval:

\_\_\_\_\_

Number of granite bounds required by Approved Plan:

\_\_\_\_\_

Number of iron pins required by Approved Plan:

\_\_\_\_\_

"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 the Middleton Subdivision Regulations."

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

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

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

Seal of Surveyor: