## TOWN OF MONT VERNON, NEW HAMPSHIRE Application to the Planning Board

Page 1 of 2

Date received:	Received by:
	be submitted not less than TWENTY (20) days prior to a regular meeting of ch month except December), in order to be placed on the agenda for that
Owner:	Authorized representative:
Address:	Address:
Phone:	Phone:
Description of Activity:	
Zoning District	Tax Map Lot Number(s)
Road Name	Abutting Roads
Name of subdivision (if applicable)	
□ Lot line adjustment which creates but □ Lot line merger which does not create □ Conventional subdivision creating □ Open space subdivision creating □ Non-residential Site Plan Review (note Supply the name and business address of whose professional seal appears on any professional seal	reate buildable lot(s) (notify abutters, no public hearing needed)  ildable lot(s) (notify abutters and hold public hearing)  a nonconforming lot (no notice required, PB approves & registers plat)  new residential lots (notify abutters and hold public hearing)  new res. lots and open space lot(s) (notify abutters and hold public hearing)
Address:	
Phone:	Fax:
Soils Scientist	
Address:	
Phone:	Fax:
Engineer	
Address:	
Phone:	Fax:
	of conservation, preservation, or agricultural preservation restrictions.
Signature(s) of Owner(s):	

## **List of Abutters**

Include all owners of lots within 200 feet of boundaries of lots to be modified by this proposal. Addresses must be current to within 5 days of submission and include PO Box number or street and house number.

Lot. No. Owner(s)		dress	Phone	
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Application Fees, effect	-	0	T-4-1 0 A	
<b>Description</b> Application Fee	Rate	Quantity	Total \$ Amount	
Application ree Lot Fee	\$50 / Application \$65 / Lot	<del></del>	\$ \$	
Newspaper Notice	\$90 / Notice		\$	
Recording Fees	47472.3333		Ť <u></u>	
Basic Fee	\$30		\$	
Recording Fee	\$30 per D-size Sheet		\$	
TOTAL		\$		
Administrative Assistant Administrative Assistant		Mont Vernon, NH 03057 or ays between 9 AM and 11 AM	submit in person to Planning Boal at the Mont Vernon Town Hall.	
RECEIVED: Date	Amount Ch	eck#		
Person Submitting	bmitting Person Receiving			