

**SUBDIVISION APPLICATION FORM  
ALTON PLANNING BOARD  
ALTON, NH**

DATE REC'D \_\_\_\_\_ CASE # \_\_\_\_\_

OWNER(S) OF RECORD: \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

LOCATION OF DEVELOPMENT: \_\_\_\_\_

TAX MAP \_\_\_\_\_ LOT \_\_\_\_\_ ZONING OF PARCEL \_\_\_\_\_

SITE IN ACRES \_\_\_\_\_ SQUARE FEET \_\_\_\_\_

NUMBER OF LOTS, INCLUDING REMAINDER: \_\_\_\_\_

FRONTAGE ON WHAT ROAD(S); INCLUDE NEW ROAD NAME IF APPLICABLE:  
\_\_\_\_\_

WATER: MUNICIPAL \_\_\_\_\_ OR WELL \_\_\_\_\_

AGENT OF THE OWNER OR CONTACT PERSON:  
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

WAIVERS REQUESTED: YES \_\_\_\_\_ NO \_\_\_\_\_ INCLUDE WRITTEN REQUESTS

SPECIAL EXCEPTION OR VARIANCE GRANTED BY THE ZBA: YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, PROVIDE THE APPLICABLE DATE(S) \_\_\_\_\_

THIS PLAN REPRESENTS AN AMENDED PLAN: YES \_\_\_\_\_ NO \_\_\_\_\_

DATE OF CONCEPTUAL CONSULTATION, IF ONE: \_\_\_\_\_

DATE OF DESIGN REVIEW, IF ONE: \_\_\_\_\_

FEES: \$150.00 PER LOT \_\_\_\_\_ \$6.00 PER ABUTTER/APPLICANTS/ETC. \_\_\_\_\_  
\$12.00 OWNER ABUTTER NOTICE \_\_\_\_\_ \$60.00 NEWSPAPER NOTICE \_\_\_\_\_

I/WE CONSENT TO ALLOW THE ALTON PLANNING BOARD OR ITS REPRESENTATIVE TO MAKE ON SITE INSPECTION(S) OF MY/OUR PROPERTY AS DEEMED NECESSARY FOR THE EVALUATION OF MY/OUR SUBDIVISION APPLICATION.

I/WE UNDERSTAND ALL INFORMATION REQUIRED BY REGULATION MUST BE SUPPLIED, OR A WRITTEN WAIVER REQUEST MUST ACCOMPANY THE APPLICATION. NONCOMPLIANCE IS GROUNDS FOR DENIAL (RSA 676:4).

SIGNATURES OF APPLICANTS:

\_\_\_\_\_  
DATE \_\_\_\_\_

\_\_\_\_\_  
DATE \_\_\_\_\_

SIGNATURE OF AGENT:

\_\_\_\_\_  
DATE \_\_\_\_\_