

**CONCEPTUAL SITE PLAN APPLICATION
FOR PLAN REVIEW
TOWN OF HUDSON, NEW HAMPSHIRE**

Date of Application: _____ Tax Map # _____ Lot # _____

Name of Project: _____

Zoning District: _____ General CSP# _____
(For Town Use)

ZBA Action: _____

PROPERTY OWNER:

DEVELOPER:

Name: _____

Address: _____

Address: _____

Telephone # _____

Fax # _____

Email: _____

PROJECT ENGINEER

SURVEYOR

Name: _____

Address: _____

Address: _____

Telephone # _____

Fax # _____

Email: _____

PURPOSE OF PLAN:

CONCEPTUAL SITE PLAN DATA SHEET

PLAN NAME: _____

PLAN TYPE: CONCEPTUAL SITE PLAN

LEGAL DESCRIPTION: MAP _____ LOT _____

DATE: _____



Location by Street _____

Zoning: _____

Proposed Land Use: _____

Existing Use: _____

Surrounding Land Use(s): _____

Number of Lots Occupied: _____

Existing Area Covered by Building: _____

Existing Buildings to be removed: _____

Proposed Area Covered by Building: _____

Open Space Proposed: _____

Open Space Required: _____

Total Area: S.F.: _____ Acres: _____

Area in Wetland: _____ Area Steep Slopes: _____

Required Lot Size: _____

Existing Frontage: _____

Required Frontage: _____

Building Setbacks:	<u>Required*</u>	<u>Proposed</u>
Front:	_____	_____
Side:	_____	_____
Rear:	_____	_____

**CONCEPTUAL SITE PLAN DATA SHEET
(Continued)**

Flood Zone Reference: _____

Width of Driveways: _____

Number of Curb Cuts: _____

Proposed Parking Spaces: _____

Required Parking Spaces: _____

Basis of Required Parking (Use): _____

Dates/Case #/Description/Stipulations
of ZBA, Conservation Commission,
NH Wetlands Board Actions:
(Attach stipulations on separate sheet)

<i><u>For Office Use</u></i>	
Data Sheet Checked By: _____	Date: _____

**APPLICATION FOR CONCEPTUAL SITE PLAN REVIEW
TOWN OF HUDSON, NEW HAMPSHIRE**

SCHEDULE OF FEES

A. Review Fees

1. Conceptual Review Only
\$100.00 \$ _____

B. Postage

_____ Property owners within 200 feet
@.44 (First class) \$ _____

C. Advertising (PUBLIC NOTICE) for all site plans \$ _____ 40.00

TOTAL \$ _____

<i><u>For Office Use</u></i>			
AMOUNT DUE	\$ _____	DATE RECEIVED	_____
AMOUNT RECEIVED	\$ _____	RECEIPT NO.	_____
		RECEIVED BY:	_____

LIST OF ABUTTERS

List of all the names and addresses of the owner (s) of record of the property and abutters, as of the time of the last assessment for taxation made by the concerned property by a street(s), public land(s) or stream(s) up to distance of 200 feet from subject tract.

I. ADJACENT PROPERTY OWNERS

MAP _____ LOT _____ NAME _____ ADDRESS _____
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II. PROPERTY OWNERS WITHIN 200 FEET

MAP _____ LOT _____ NAME _____ ADDRESS _____
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