

PLANNING BOARD
NOTICE TO CONDITIONAL USE PERMIT APPLICANTS

The following information is required to be filed with the Community Development Department at the time of filing the conditional use permit application, which shall be filed concurrently with application for subdivision and/or site plan approval.

Note: An appointment is required to file applications.

1. One original and one copy of the completed application.

2. Except as provided below, submission of the Site Plan, application and associated materials shall constitute compliance with the plan requirements for the Conditional Use Permit application.

3. One copy of the project narrative, describing the project, shall be attached to each of the two submitted applications.

4. All material revisions and supporting documentation must be submitted to the Community Development Department no later than 10:00 A.M., on Tuesday the week prior to the scheduled Planning Board meeting.

5. Three sets of mailing labels for abutters notices.

2009 CONDITIONAL USE PERMIT APPLICATION FEES

FEE TYPE	AMOUNT	ACCOUNT
Consultant Review	\$600.00/acre of total lot area* or \$1,250.00 (whichever is greater)* *Estimated cost, billing based on actual hours expended multiplied by hourly rates, plus expenses	1350-***
Town General Review Fees/Application Fee		
Multi-Family	\$105.00/unit for 3-50 units;	GEN 4313
Commercial/Semi-Public/Civic/Recreational	\$157.00/1,000 S.F. for first 100,000 S.F. of bldg. area; \$78.50/1,000 S.F. thereafter	
Industrial	\$105.00/1,000 S.F. for first 100,000 S.F. of bldg. area; 78.50/1,000 S.F. thereafter	
No-Buildings	\$30.00 per 1,000 S.F. of proposed developed area	
Conceptual Review	\$100.00	GEN 4313
ZBA Input	\$100.00	GEN 4313
Advertising	\$40.00 (flat fee)	GEN 4313
Conditional Use Permit	\$100.00	GEN 4313
Tax Map Updating	\$275.00 (flat fee)	1312-505
Postage	USPS Current Rates	GEN 4313
Recording Fees Plan Easements/Agreements	\$24.00/sheet + \$2.00 surcharge \$10.00/first sheet \$4.00 thereafter + \$2.00 surcharge + first class postage (fees dictated by HCRD) \$25.00 Land & Community Heritage Investment Program (LCHIP) fee	GEN 4313

**CONDITIONAL USE PERMIT APPLICATION
TOWN OF HUDSON, NEW HAMPSHIRE**

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

Name of Project: _____

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

(FOR TOWN USE)

Plan Routing Date: _____ Conditional Permit Date: _____

_____ I have no comments _____ I have comments (attach to form)

_____ Title: _____ Date: _____

(Initials)

Department Review:

_____ Zoning _____ Engineering _____ Assessor _____ Police _____ Fire _____ Planning

_____ Highway Dept. _____ Consultant

Fees Paid _____

**APPLICATION FOR CONDITIONAL USE PERMIT
TOWN OF HUDSON, NEW HAMPSHIRE**

Thirty (30) days prior to Planning Board Meeting, a complete Conditional Use Permit application to include all supporting materials and documents and must be submitted in final form. The Conditional Use Permit application shall comply with the following specifications/requirements:

Applicant
Initials

Staff
Initials

- | | | |
|-------|---|-------|
| _____ | a) A site plan application shall be submitted concurrently with the Conditional Use Permit application. | _____ |
| _____ | b) A conditional use narrative, describing the project. | _____ |
| _____ | c) Developer names, addresses, telephone, numbers and signatures. | _____ |
| _____ | d) Fees paid to clerk. | _____ |

**APPLICATION FOR CONDITIONAL USE PERMIT
TOWN OF HUDSON, NEW HAMPSHIRE**

I hereby apply for a *Conditional Use Permit* and acknowledge I will comply with all of the Ordinances of the Town of Hudson, New Hampshire State Laws, as well as any stipulations of the Planning Board, in development and construction of this project. I understand that if any of the items listed under the *Conditional Use* specifications or Application form are incomplete, the Application will be considered rejected.

Pursuant to RSA 674:1-IV, the owner(s) by the filing of this application as indicated above, hereby given permission for any member of the Hudson Planning Board, the Town Engineer, the Conservation Commission and such agents or employees of the Town or other persons as the Planning Board may authorize, to enter upon the property which is the subject of this application at all reasonable times for the purpose of such examinations, surveys, tests and inspections as may be appropriate. The owner(s) release(s) any claim to or right he (they) may now or hereafter possess against any of the above individuals as a result of any examinations, surveys, tests or inspections conducted on his (their) property in connection with this applications.

Signature of Owner: _____

- ❖ If other than an individual, indicate name of organization and its principal owner, partners, or corporate officers.

Signature of Developer: _____

- ❖ The developer/individual in charge must have control over all project work and be available to the Code Enforcement Officer/Building Inspector during the construction phase of the project. The individual in charge of the project must notify the Code Enforcement Officer/Building Inspector within two (2) working days of any change.

APPLICATION IS DUE AT NOON 30 days prior to the Planning Board Meeting. (The date the Agenda is CLOSED.) Any applications received after that time will be deferred until the next available meeting.

**APPLICATION FOR CONDITIONAL USE PERMIT
TOWN OF HUDSON, NEW HAMPSHIRE**

FOOTNOTES:

1. In the event of the denial of a plan, the recording fees collected will not be reimbursed, but will instead be used as an additional fee to help defray administrative costs associated with a denial.
2. The “Review Fees” are fees estimated necessary to offset costs incurred to review and/or compile plans, data, or other information relative to the proposal.
3. The “Amount Due” does not include fees for studies or reviews as authorized in Section G-2 of this regulation.
4. Fees must be paid in full prior to the commencement of any formal review by the Town of Hudson.

STATUS:

DATE:

_____ 1.	Application incomplete	_____
_____ 2.	Application complete Include any applicable requested waivers. fees paid, routing sheet returned	_____
_____ 3.	Application formally accepted or denied by Planning Board (90-day review clock by RSA 674:43 to start upon acceptance granted)	_____
_____ 4.	Final approval plan granted or denied	_____
_____ 5.	Comments:	

**APPLICATION FOR CONDITIONAL USE PERMIT
TOWN OF HUDSON, NEW HAMPSHIRE**

SCHEDULE OF FEES

A. Review Fees

- 1. Conditional Use Permit (\$100.00) \$ _____
- 2. Consultant Fee (\$1,250.00) \$ _____

Legal Fee:

The applicant shall be charged attorney costs billed to the Town for the Town's attorney review of any application plan set documents.

B. Postage

Current "certified mail" postage rate per abutter to proposed site and current first class postage rate per property within 200 feet of proposed site plan.

- _____ Direct abutters @\$3.24 (Certified Mail) \$ _____
- _____ Property owners within 200 feet @.44 (First class) \$ _____

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

TOTAL \$ _____

AMOUNT DUE \$ _____ DATE RECEIVED _____

AMOUNT RECEIVED \$ _____ RECEIPT NO. _____

RECEIVED BY: _____

E. Recording Fees

The applicant shall pay the costs of recording the final site plan layout prior to final site plan approval, in accordance with fees established by the County.

- Recording of Plan @ \$24.00/sheet \$ _____
- +\$2.00/surcharge plan \$ _____
- LCHIP Fee \$25.00 \$ _____
- Easements/Agreements @ \$10.00/first sheet \$ _____
- (if applicable) @ \$4.00/each sheet thereafter \$ _____
- +\$2.00/surcharge/doc. \$ _____
- +First Class return postage rate

TOTAL \$ _____

**APPLICATION FOR CONDITIONAL USE PERMIT
TOWN OF HUDSON, NEW HAMPSHIRE**

**SCHEDULE OF FEES
(Continued)**

PLEASE NOTE: RECORDING FEES SHALL BE COMPUTED WHEN PLANS ARE FINALIZED FOR RECORDING. RECORDING FEES MUST BE PAID BY THE APPLICANT PRIOR TO RECORDING.

THE APPLICANT SHALL BE RESPONSIBLE FOR ALL FEES INCURRED BY THE TOWN FOR PROCESSING AND REVIEW OF THE APPLICANT'S APPLICATION, PLAN, AND RELATED MATERIALS. ALL SUCH FEES MUST BE PAID PRIOR TO RECORDING.

F. COST ALLOCATION PROCEDURE AMOUNT CONTRIBUTION AND OTHER IMPACT FEE PAYMENTS:

TO BE DETERMINED BY VOTE OF THE PLANNING BOARD AND SHALL BE PAID BY THE APPLICANT AT THE TIME OF SUBMITTAL OF CERTIFICATE OF OCCUPANCY PERMIT REQUEST.

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 _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____

II. PROPERTY OWNERS WITHIN 200 FEET

MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____
MAP _____	LOT _____	NAME _____	ADDRESS _____