

**LOT LINE RELOCATION APPLICATION FOR REVIEW
TOWN OF HUDSON, NEW HAMPSHIRE**

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

Name of Project: _____

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

Z.B.A. Action: _____

PROPERTY OWNER:

DEVELOPER:

Name: _____

Address: _____

Address: _____

Telephone # _____

Fax # _____

Email: _____

PROJECT ENGINEER

Name: _____

Telephone # _____

Address: _____

Fax # _____

Address: _____

Email: _____

PURPOSE OF PLAN:

For Town Use

Plan Routing Date: _____ Plan Date: _____

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

_____ Title: _____ Date: _____
(Initials)

Department:

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

_____ Consultant _____ Highway Department

Fees Paid _____

LOT LINE RELOCATION DATA SHEET

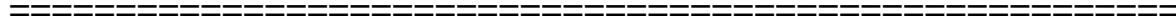
Plan Name: _____

Plan Type: Lot Line Relocation Plan

Legal Description: Map _____ Lot _____

 Map _____ Lot _____

Date: _____



Location: _____

Total Area: S.F. _____ Acres: _____

Area in Wetlands: _____

Zoning: _____

Lots Not Meeting
Required Dimensions: _____

Required Area: _____

Required Frontage: _____

Water and Waste System
Proposed: _____

Number of Lots With
Existing Buildings: _____

Existing Buildings
To Be Removed: _____

Flood Zone Reference: _____

Proposed Linear Feet
Of New Roadway: _____

**APPLICATION FOR LOT LINE RELOCATION
TOWN OF HUDSON, NEW HAMPSHIRE**

I hereby apply for Lot Line Relocation Plan Review 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 Lot Line Relocation Plan 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 give 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 or right her (they) may now or hereafter possess against any of the above individuals as a result of any examinations, surveys, tests and 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.

Technical Review Signature: _____

Planner Approval Signature: _____

APPLICATION IS DUE AT 10:00 A.M. Tuesday the week prior to the Planning Board Meeting. Any applications/materials received after that time will be deferred until the next available meeting.

LOT LINE RELOCATION WAIVER REQUEST FORM

Name of the Lot Line Relocation Plan: _____

Street Address: _____

I _____ hereby request that the Planning Board waive the requirements of item _____ of the Lot Line Relocation Plan Checklist in reference to a plan presented by _____ (name of surveyor and engineer) dated _____ for property tax map(s) _____ and lot(s) _____ in the Town of Hudson, NH.

As the aforementioned applicant, I, herein, acknowledge that this waiver is requested in accordance with the provisions set forth in RSA 674:36, II (n), i.e., without the Planning Board granting said waiver, it would pose an unnecessary hardship upon me (the applicant), and the granting of this waiver would not be contrary to the spirit and intent of the Subdivision/Site Plan regulations.

Hardship reason(s) for granting this waiver (if additional space is needed please attach the appropriate documentation hereto):

Reason(s) for granting this waiver, relative to not being contrary to the Spirit and Intent of the Subdivision/Site Plan regulations: (if additional space is needed please attach the appropriate documentation hereto):

Signed:

Applicant or Authorized Agent

Planning Board Action:

Waiver Granted _____

Waiver Not Granted _____

**APPLICATION FOR LOT LINE RELOCATION
TOWN OF HUDSON, NEW HAMPSHIRE**

SCHEDULE OF FEES

A. REVIEW FEES

1. \$170.00 per lot \$ _____

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

B. POSTAGE

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

_____ Direct abutters @ \$3.24 each (certified mail) \$ _____

_____ Indirect property owners w/in 200 feet @\$.44 each (first class) \$ _____

C. ADVERTISING

(PUBLIC NOTICE) For all Lot Line Relocations \$ 40.00

D. TAX MAP UPDATE FEE

2 to 7 lots (# of lots x \$30.00) + \$25.00 (min. \$85.00) \$ _____

8 lots or more (min. \$325.00) \$ _____

TOTAL \$ _____

**APPLICATION FOR LOT LINE RELOCATION
TOWN OF HUDSON, NEW HAMPSHIRE**

**SCHEDULE OF FEES
(CONTINUED)**

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

E. RECORDING FEES

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

Recording of Plan	@ \$24.00/sheet + \$2.00/surcharge/Plan	\$ _____
Land & Community Heritage Investment Program (LCHIP) fee \$25.00		\$ _____
Easements/Agreements (if applicable)	@ \$10.00/first sheet @ 4.00/each sheet thereafter + \$2.00/surcharge/doc. + first class return postage rate	\$ _____ \$ _____ \$ _____ \$ _____
TOTAL		\$ _____

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 paid by the applicant prior to the issuance of the Certificate of Occupancy.

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 _____