

PLANNING BOARD FILE # \_\_\_\_\_

DATE FILED: \_\_\_\_\_

**SOUTH HAMPTON PLANNING BOARD  
SUBDIVISION / SITE PLAN REVIEW / DESIGN REVIEW APPLICATION FORM**

Application for:      Subdivision                    \_\_\_\_\_  
                                 Small Subdivision                    \_\_\_\_\_  
                                 Site Plan Review                        \_\_\_\_\_  
                                 Design Review                            \_\_\_\_\_

Date the application is accepted as complete by the South Hampton Planning Board: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner of Record: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Subdivision/Site Plan/Design Review Location: \_\_\_\_\_  
(street name or address as listed on the tax maps)

Tax Map(s): \_\_\_\_\_ Lot Number(s): \_\_\_\_\_

Total Acres: \_\_\_\_\_ Number of Lots Proposed: \_\_\_\_\_

Zoning Districts: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Other Signature(s), if Applicable: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyors Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Number & expiration date of current NH License: \_\_\_\_\_

Soil Scientist Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Number & expiration date of current NH License: \_\_\_\_\_

Engineer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Number & expiration date of current NH License: \_\_\_\_\_

Other Professional's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Number & expiration date of current NH License: \_\_\_\_\_

Application is Approved/Denied, Date: \_\_\_\_\_  
(copy of letter of denial attached)

Signed by: \_\_\_\_\_  
Chairman

**For Planning Board use only, please file with application.**

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Application for:            Subdivision                    \_\_\_\_\_  
                                  Small Subdivision                \_\_\_\_\_  
                                  Site Plan Review                 \_\_\_\_\_  
                                  Design Review                    \_\_\_\_\_

Location: \_\_\_\_\_  
(street name or address as listed on the tax maps)

Tax Map(s): \_\_\_\_\_

Lot Number(s): \_\_\_\_\_

APPLICATION FEES PAID, DATE: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

APPLICATION REVIEW, DATE: \_\_\_\_\_

ACCEPTANCE OF COMPLETED APPLICATION, DATE: \_\_\_\_\_

PUBLIC HEARING, DATE: \_\_\_\_\_  
(upon acceptance of completed application)

APPLICATION REVIEW/PUBLIC HEARING NOTICE PUBLISHED, DATE: \_\_\_\_\_

APPLICATION REVIEW/PUBLIC HEARING NOTICE POSTED, DATE: \_\_\_\_\_

APPLICATION REVIEW/PUBLIC HEARING NOTICE TO ABUTTERS, DATE: \_\_\_\_\_

**Please file with application.**

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**COSTS & FEES**

EFFECTIVE DATE: MAY 16, 2005

PLANNING BOARD FILE #: \_\_\_\_\_

SUBDIVISION/SITE PLAN REVIEW/DESIGN REVIEW:

APPLICATION FEE: (\$25.00 per lot) \_\_\_\_\_

PUBLIC HEARING FEE: \$150.00

ABUTTERS NOTICE: (\$10.00 per abutter) \_\_\_\_\_

ENGINEERING REVIEW: \_\_\_\_\_  
(Applicant shall bear actual cost to town for engineering review)

CONSULTANT REVIEW: \_\_\_\_\_  
(Applicant shall bear actual cost to town for consultant review)

DOCUMENT LEGAL REVIEW: \_\_\_\_\_  
(Applicant shall bear actual cost to town for legal review)

FILING FEE, MYLAR: (\$40.00 per page) \_\_\_\_\_

L CHIP SURCHARGE FEE: (effective 1/1/09) \$25.00

DRIVEWAY PERMIT: (\$50.00 per driveway) \_\_\_\_\_  
(issued for driveways on Town roads only)

TOTAL: \_\_\_\_\_

MAKE CHECK PAYABLE TO THE TOWN OF SOUTH HAMPTON.

ALL FEES SUBJECT TO CHANGE WITHOUT NOTICE; UPON APPROVAL OF THE SOUTH HAMPTON BOARD OF SELECTMEN.

**NAMES AND ADDRESSES OF ABUTTERS**

NOTE: In accordance with NH RSA 676:4(b), the names and addresses of all the abutters must be those indicated in Town records not more than 5 days before the day of filing this application and must be certified by the Town Clerk or Administrative Assistant.

1. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

NAME: \_\_\_\_\_

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

2. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

NAME: \_\_\_\_\_

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

3. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

NAME: \_\_\_\_\_

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

4. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

NAME: \_\_\_\_\_

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

5. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

NAME: \_\_\_\_\_

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

6. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

NAME: \_\_\_\_\_

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

7. MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

NAME: \_\_\_\_\_

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

If more than 7 abutters please copy page and attach,

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The Planning Board will accept the application as complete and will begin the review process if the application includes:

1. The plan for the proposed subdivision of land incorporating the requirements of Sections 7 and 8 of these Regulations,
2. The list of current abutters,
3. Letter of intent (the application form may serve as this document),
4. Letter of authorization (if required),
5. A copy of the deed, and
6. The money to cover all fees as required in 6.3.1 through 6.3.4.

The 65-day review period called for in RSA 676:4 I(c) shall begin upon receipt by the Board of a completed application as described in section 1-6 above. Acceptance of the completed application must occur at a properly noticed public meeting. The minutes of the meeting shall indicate which, if any, applications are accepted for review.

Should an application be found incomplete, the Board shall notify the applicant, in writing, requesting that the necessary documentation be submitted and informing the applicant that no further consideration of the application can be made until the application is complete. Furthermore, this notification shall be considered a written formal Denial in accordance with RSA 676:4, 676:3, and this section, unless otherwise noted.

**ADDENDUM D**

Town of South Hampton, NH

**Certificate of Monumentation Installation Form**

Sub divider's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address of Property Subdivided: \_\_\_\_\_

Tax Map #: \_\_\_\_\_ Lot #: \_\_\_\_\_

Surveyor of Approved Plan: \_\_\_\_\_

Date of Planning Board Approval or Conditional Approval: \_\_\_\_\_

Number of concrete or granite monuments required by approved plan: \_\_\_\_\_

Number of iron pipe monuments required by approved plan: \_\_\_\_\_

**SURVEYOR'S STATEMENT**

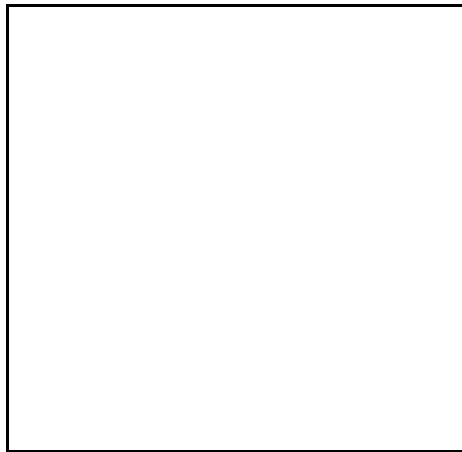
"I hereby certify that the monumentation required on the above referenced subdivision plan has been accurately installed under my supervision and said monumentation complies with Section 7.20 of the South Hampton Subdivision Regulations."

Signature of Surveyor: \_\_\_\_\_

Date: \_\_\_\_\_

Surveying Company: \_\_\_\_\_

Telephone: \_\_\_\_\_



Seal of Surveyor

For Planning Board Use Only:

Date of Receipt: \_\_\_\_\_ Received By: \_\_\_\_\_

