

ANTRIM PLANNING BOARD
P. O. Box 517
Antrim, New Hampshire 03440
Phone: 603-588-6785 FAX: 603-588-2969



**APPLICATION FORM FOR
VOLUNTARY LOT MERGER**

File # _____ Date Received _____ By _____

**INSTRUCTIONS FOR “NOTICE OF VOLUNTARY MERGER OF PRE-EXISTING LOTS”
APPLICATION**

1. Please fill out the *Notice of Voluntary Merger of Pre-Existing Lots* form. The existing Tax Map and Lot numbers from the Town’s tax records and the Book and Page numbers from the Hillsborough County Register of Deeds are required. **PLEASE LEAVE THE “New Number” AREA BLANK and DO NOT SIGN the form yet.** If you need additional space, please attach another sheet. The information must be typed.
2. Submit the form along with any surveys you may have for the lots being merged to the Land Use Office. The survey is not required but is helpful in the review process. If you are submitting any deeds that are to go to the Registry (new or unregistered, for example), please type “Exhibit A”, “Exhibit B”, etc., otherwise the Registry will not record them. When the Land Use Office receives the application, staff will copy it onto the correct size paper for the Registry; you can then sign the form in the office. The Registry requires a 3” margin at the top of the page and an original signature.
3. Staff will review the application and determine whether the merged lots comply with current zoning. If so, the application and form will go to the Planning Board at its next regularly-scheduled meeting. Once the request is approved and signed by the Planning Board Chair, a copy of it will be forwarded to the Town’s assessor and the original will be recorded with the Hillsborough County Register of Deeds.
4. Please note that once lots are voluntarily merged, they may not be unmerged without going through the subdivision process.

APPLICATION FEES

1. Town Filing Fee:	\$30.00
2. Registry Recording Fee:	
First Page =	\$10.00
Document Surcharge =	\$2.00 + \$.50
	\$ _____
Total Application Fee:	\$ _____

Notice of Voluntary Merger of Pre-Existing Lots

Pursuant to RSA 674:39-a

(This Form Must Be Typed or Printed in Black Ink.)

Property Owner Name(s): _____

Mailing Address: _____

Telephone Number: _____ Street Location of Parcels Affected by this Merger:

The Parcels Being Merged Are:

	<u>Existing Number</u>	<u>New Number</u>	<u>Registry of Deeds</u>
Tax Map & Lot #	_____	_____	Book/Page # _____
Tax Map & Lot #	_____	_____	Book/Page # _____
Tax Map & Lot #	_____	_____	Book/Page # _____
Tax Map & Lot #	_____	_____	Book/Page # _____
		For Office Use Only	

I (we) understand that none of the parcels being merged by this document shall hereafter be separately transferred without subdivision approval from the Antrim Planning Board.

Signature(s) of Property Owner(s):

Signature _____
Name

Signature _____
Name

Signature _____
Name

Planning Board Chair _____
Date