

**ANTRIM PLANNING BOARD**  
P.O. BOX 517  
ANTRIM, NEW HAMPSHIRE 03440  
(603) 588-6785

**APPLICATION LOT LINE ADJUSTMENT OR ANNEXATION**

Note: This form and all required information must be filed at least twenty one (21) days before the date of the meeting at which it is submitted to the Board.

Planning File # _____	Date Received _____	By _____
(Office Use Only)		

1. Name & address of owner(s) of record: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name & address of applicant (if other than owner): \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

3. Zoning District \_\_\_\_\_

4. Tax Map #(s) \_\_\_\_\_ Lot #(s) \_\_\_\_\_

9. Name & address of surveyor or his agent \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

10. Attach a separate sheet listing the Town of Antrim tax map, lot number, name & mailing address of all abutters, including those across a street, brook or stream. Names should be those of current owners as recorded in the tax records five (5) days prior to submission of this application.

11. Items on the attached check list

13. Payment of all applicable fees.

The applicant and/or owner or agent, certifies that this application is correctly completed with all required attachments and requirements and that any additional cost for engineering or professional services incurred by the Planning Board or the Town of Antrim in the final subdivision process of this property shall be borne by the applicant and/or owner.

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

" I hereby authorize the Antrim Planning Board and its agent to access my land for the purpose of reviewing this subdivision plan performing road inspections and other inspections deemed necessary by the Board or its agents to insure conformance of the on site improvements and the approved plan and all Town of Antrim Ordinances and regulations."

Signed: (Owner)\_\_\_\_\_ Date: \_\_\_\_\_

I authorize \_\_\_\_\_ to act as my agent and represent me before the Antrim Planning Board.

Signed: (Owner)\_\_\_\_\_ Date: \_\_\_\_\_