

**ANTRIM PLANNING BOARD**  
P.O. BOX 517, ANTRIM, NEW HAMPSHIRE 03440  
Phone 603-588-6785 FAX 603-588-2969

**APPLICATION FOR A HEARING BEFORE THE PLANNING BOARD**

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.

File # _____ Date Received _____ By _____ (Office Use Only)
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This Application is being submitted for:			
Minor Subdivision	Minor Site Plan Review		
Major Subdivision	Major Site Plan Review		
Lot Line Adjustment	Earth Excavation Permit		
Change of Use	Home Based Business		
Voluntary Lot Merger	Conceptual Consultation		
Design Review			

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

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Location of the site: \_\_\_\_\_

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

5. Name & address of surveyor if applicable: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**The following items must be submitted with the application**

- 6. 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.
- 7. A written statement describing the proposed project.
- 8. The appropriate checklist is to be submitted with the application. All items are to be provided upon filing of the application. A waiver request in writing must be submitted for information not supplied
- 9. Payment of all applicable fees must accompany the application
- 10. A copy of the deed for Change of Use, Home Based Occupations/Businesses and Major and Minor Site Plan Reviews

**The following affidavits must be signed and dated**

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

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

12. I hereby authorize the Antrim Planning Board and its agent to access my land for the purpose of reviewing this application and other inspections deemed necessary by the Board or its agents to insure conformance with all Town of Antrim Ordinances and regulations.

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

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

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