

Town of Francestown  
Land Subdivision Regulations  
Appendix D

**APPLICATION FOR DESIGN REVIEW (Page 1 of 4)**

1. Applicant Name \_\_\_\_\_ Property Owner Name \_\_\_\_\_

2. Tax Map # \_\_\_\_\_ Lot # \_\_\_\_\_

3. My application is being filed:

- During regular business hours on     (date)     for formal submission at the regular meeting on     (date)    <sup>1</sup>.

**OR**

- By special arrangement with the Chairperson on     (date)     at     (location)     for formal submission at the regular meeting on     (date)    .

4. I am requesting that a joint hearing be held with:

- The Francestown Zoning Board of Adjustment \_\_\_\_\_
- The Planning Board of the town of \_\_\_\_\_

5. The owners, by the filing of this application, hereby give permission for any member of the Francestown Planning Board, the Conservation Commission and such agents or employees of the Town or other persons as the Planning Board may authorize, to enter upon the subject property at all reasonable times for the purpose of such examinations, surveys, tests and inspections as may be appropriate; and release any claim or right we may now or hereafter possess against any of the above as a result of any examinations, surveys, tests and inspections conducted on the subject property in connection with this application.

I further agree to pay all fees as required by the subdivision regulations. I understand that payment of such fees is a condition precedent to approval by the Planning Board and that a deposit may be required at any time during the review process.

Signature of Owner(s) \_\_\_\_\_

1. Property Owner Information (if other than an individual, indicate name of organization and its principal owner, partners, corporate officers and key contacts):

- Name: \_\_\_\_\_

<sup>1</sup> Regular business hours of the Planning Board are between 7:15 p.m. and 7:30 p.m. on the third Tuesday of each month. The regular meeting of the Planning Board is on the third Tuesday of each month.

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- Address: \_\_\_\_\_

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

2. Applicant Information (if different than owner):

- Name: \_\_\_\_\_

- Key Contact (if business): \_\_\_\_\_

- Address: \_\_\_\_\_

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

3. General Property Information:

- Location of Property: \_\_\_\_\_

- Tax Map \_\_\_\_\_ Lot Number \_\_\_\_\_

- Number of Acres of Total Landholding: \_\_\_\_\_

- Number of Lots to be Created: \_\_\_\_\_

- Zoning District: \_\_\_\_\_

- Conservation Overlay Districts Involved: \_\_\_\_\_

4. List of abutters (see page 4)

5. Description of Project:

6. CHECKLIST. The following checklist is provided to assist the applicant in preparing his application. Although design review applications are not subject to the same rigorous completeness review as a final application, a meaningful preliminary review will be difficult if these minimum requirements are not met.

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	<u>Applicant</u>	<u>Board Use Only</u>
1) 2 copies of a properly completed and signed application form including names and addresses of all those requiring notification. All information shall be accurate, as indicated by Town records, to within 5 days prior to filing. <b>(Mandatory)</b>	_____	_____
2) Application fees and materials <b>(Mandatory)</b>	_____	_____
3) 4 copies of a plat. Recommended plat details include:		
• Name of applicant	_____	_____
• Names of all abutters/lease holders	_____	_____
• Adequate location plan	_____	_____
• Existing/proposed lot lines	_____	_____
• Location of all test pits and proposed leachfields	_____	_____
• Location of proposed drives & streets	_____	_____
• Soils data	_____	_____
• Topographic data	_____	_____
• Boundary survey	_____	_____
• North arrow	_____	_____
• Map legend	_____	_____
4) List of state/federal permits required	_____	_____

**For Board Use Only**

	<u>Key Action Points</u>	<u>Date</u>
1)	Application Received	
2)	Completeness Review	
3)	List of deficiencies sent to applicant	
4)	Certified notices mailed	
5)	Newspaper ad run	
6)	Notices posted on local bulletin boards	
7)	Site inspection (if appropriate)	
8)	Opinion of Conservation Commission received	
9)	Joint hearing(s) scheduled for	
10)	Application accepted/denied as complete	

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4. (Continued from page 1) List of Names to be notified by Certified Mail (See Section IV.B.4):

	Name	Address	Map #	Lot#
			(if applicable)	
<b>Owner:</b>	_____	_____	_____	_____
<b>Applicant:</b>	_____	_____	_____	_____
<b>Surveyor:</b>	_____	_____	_____	_____
<b>Other Professionals:</b>	_____	_____	_____	_____
	_____	_____	_____	_____
<b>Lease/Easement Holders:</b>	_____	_____	_____	_____
<b>If Regional Impact:</b>	SWRP	20 Central Square, Keene NH 03431	N/A	N/A
	(affected towns)	_____	_____	_____
<b>Abutters<sup>1</sup>:</b>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

(use additional sheet if necessary)

<sup>1</sup> To be taken from town tax records no more than 5 days before filing of application.