PLANNING BOARD TOWN OF BETHLEHEM, NEW HAMPSHIRE

APPLICATION FOR SITE PLAN REVIEW

INSTRUCTIONS:

- 1. Carefully read Zoning Ordinance and Site Plan Regulations.
- 2. Complete this application.

DECEETY INCODE ATION.

- 3. Determine whether or not you think your project meets the criteria for Minor Site Plan Review (See Section 4.03 of the Site Plan Review Regulations) and complete either the Minor Site Plan Checklist or full Site Plan Checklist accordingly.
- 4. Compile abutters list containing the names and addresses of all abutters as indicated in Town records not more than five (5) days before the day you will file this application; names and addresses of all holders of conservation, preservation, or agricultural preservation restrictions; and names and business addresses of every engineer, architect, land surveyor, or soil scientist whose professional seal appears on any exhibit.
- 5. Submit all required information by hand to the Planning & Zoning Clerk at the Town Hall or mail to Bethlehem Planning Board, PO Box 189, Bethlehem, NH 03574, along with a check payable to the Town to cover filing fees, mailing, advertising, and other costs at least 21 days before the next regular monthly meeting.

FOR MORE INFORMATION PLEASE CALL 603-869-3351 or email planning@bethlehemnh.org.

| FROFERIT INTORN | MATION. | | | |
|--------------------|------------------------|------------------|-----------------|--|
| Map #L | ot # | Property Address | | |
| Lot Size | Acres | Sq. Ft. | Zoning District | |
| APPLICATION TYPE | <u>!:</u> | | | |
| Minor? Yes | No | | | |
| Preliminary Consul | tation and Review $_$ | Final Approval | | |
| CONTACT INFORM | ATION: | | | |
| Owner's Name: | | | | |
| Mailing Address: | | | | |
| E-mail: | | | Phone | |
| AGENT (if applicab | ole): | | | |
| Name: | | | | |
| Mailing address: | | | | |
| E-mail: | | | Phone | |

PROJECT DESCRIPTION: Please describe existing use of the property, square feet of building, # of dwelling units: Please describe proposed use of the property. Include details such as square feet of building, # of dwelling units: **SIGNATURES:** I hereby declare that: 1. I have examined this application, including the accompanying exhibits and to the best of my knowledge and belief, it is true and complete. 2. The Agent listed (if any) is authorized to represent me in the application process. 3. Members of the Bethlehem Planning Board and its agents, including consultants and Town employees, are hereby authorized to enter the property for the purpose of evaluating this application, including for the purposes of a publicly noticed site visit, and if approved, for performing any inspection deemed necessary by the Board or its agents to ensure conformance with conditions of approval and conformance of the on-site improvements with the approved plan and all other applicable ordinances and regulations. NOTE: If there are multiple owners, a valid application requires the signature of each owner. Signature: _____ Date: _____

Signature: _____ Date: _____

BELOW THIS LINE FOR TOWN USE ONLY

| <u>APPLICATION</u> | | | | |
|------------------------|----------------------------|------------------------|-----------------|-------------|
| Date application, ch | ecklist, plan, fees & abu | itters list have all b | een received: | by |
| Amount of fees rece | ived \$ | by | | |
| Public Notice Dates: | Abutters notices mail | ed | Posted | Published |
| Date of Submission | to Planning Board | | | |
| Applicant not | ified in writing of defici | encies if Incomple | te | |
| Date Accepted as Co | omplete: | | | |
| Public Hearing Notic | e (if not included in no | tice of submission) | : | |
| Additional fees rece | ived: \$ | Date | by | |
| Public Notice Dates: | Abutters notices mail | ed | Posted | _ Published |
| Date of public hearing | ng: Da | ate hearing continu | ıed: | _ |
| OUTSIDE REVIEWS | | | | |
| | | | Estimated cost: | \$ |
| Received from appli | cant: \$ | Date | by | |
| Paid to consultant: | \$ | Date | \$ | Date |
| | \$ | Date | \$ | Date |
| Reimbursed to appli | cant: \$ | Date | | |
| Consultant 2: | | | Estimated cost: | \$ |
| Received from appli | cant: \$ | Date | by | |
| Paid to consultant: | \$ | Date | \$ | Date |
| | \$ | Date | \$ | Date |
| Reimbursed to appli | cant: \$ | Date | | |

| INTERNAL REVIEWS | | | | | |
|---|--|--|--|--|--|
| Water and Sewer District Fire Chief Highway Department | | | | | |
| DECISION BY PLANNING BOARD | | | | | |
| Date: Approved Denied Approved with Conditions(Attach) | | | | | |
| Notice of Decision provided to Applicant and on file within 5 business days | | | | | |
| PRIOR TO SIGNING AND RECORDING FINAL PLAT | | | | | |
| All fees paid | | | | | |
| All local and state permits/approvals received | | | | | |
| All conditions precedent have been met in accord with Notice of Decision | | | | | |
| Performance guarantee received if required | | | | | |
| Inspection fees received if required | | | | | |
| RECORDING (IF APPLICABLE) | | | | | |
| DatePlan # | | | | | |
| Book & Page for Notice of Decision if conditions not all included on plan | | | | | |