

Application Number: _____
Amount of Fee Paid: _____
Date Filed: _____

Town of Canterbury, NH
10 Hackleboro Road
PO Box 500
Canterbury, NH 03224
(603) 783-9955

**Planning Board
Conditional Use Permit Application Form**

*** This application, and all required information, must be filed at least twenty-one (21) days before the date of the meeting at which it is to be submitted to the Board for acceptance as complete, whether in person or by mail. Filing is to be done at The Sam Lake House, Canterbury, NH to the attention of the Planning Board.**

1. Owner's Name: _____

Mailing Address/Street Number: _____

City & State: _____ Telephone: () _____

2. Agent's Name (if applicable): _____

Mailing Address/Street Number: _____

City & State: _____ Telephone: () _____

3. Type of Conditional Use Permit Requested (please check):

a. Cluster Development (Article 6 of the Zoning Ordinance) _____

b. Wireless Telecommunications Tower (Article 14 of the Zoning Ordinance) _____

c. Work Force Housing Development (Article 16 of the Zoning Ordinance) _____

d. Ground Water Protection District (Article 17 of the Zoning Ordinance) _____

e. Detached Accessory Dwelling Unit (Article 18 of the Zoning Ordinance) _____

4. For the property being developed, complete the following:

Street Address: _____

Abutting Streets: _____

Gross Floor Area: _____ Existing: _____ Proposed: _____

Assessor's Map/Block/Lot(s): _____

Project Area: Acres _____ (or) Square Feet _____

5. Briefly describe the proposed use of the property and the conditional use requested. Please attach supporting justification for the requested conditional use permit – reference each of the required criteria as outlined in the relevant zoning ordinance article as listed above under “Type of Conditional Use Permit Requested.”

6. Indicate the name, profession and telephone number of each professional involved (if any) in the preparation of the application or its components:

Name: _____ Profession: _____ Phone: () _____

Name: _____ Profession: _____ Phone: () _____

Name: _____ Profession: _____ Phone: () _____

7. Existing Zoning District(s): _____

Overlay Districts: _____

8. Application Fee: Please contact the Planning Department webpage to obtain the latest application fee schedule. An application fee is submitted herewith in the amount of \$: _____

9. Plans or Sketch of the Proposal: All applications shall include a visual depiction, plan, or other rendering of the proposed request.

10. Narrative Addressing the Conditional Use Permit Criteria: The Canterbury Zoning Ordinance specifies the specific required criteria that must be met for the Planning Board to grant a Conditional Use Permit.

Applicants shall refer to the relevant Zoning Ordinance Section indicated in Item 3 above, and, shall attach a narrative that demonstrates compliance with each requirement for the Conditional Use Permit that is sought. For reference, criteria can be found:

- a. Cluster Development: 6.5.E
- b. Wireless Telecommunications Tower: 14.7
- c. Work Force Housing Development: 16.4.D
- d. Ground Water Protection District: 17.11
- e. Detached Accessory Dwelling Unit: 18.5

It is the applicant’s responsibility to read and understand the entirety of the relevant zoning ordinance section and address all required elements therein. Failure to provide a detailed narrative addressing the relevant criteria that pertain to the Conditional Use Permit being sought shall result in the application being deemed incomplete.

11. Endorsement: I hereby request that the Town of Canterbury Planning Board review this application for a Conditional Use Permit, including all plans, documents and information herewith. I represent to the best of my knowledge and belief, this application is being submitted in accordance with the Site Plan or Subdivision Regulations, as applicable of the Town of Canterbury Planning Board.

Signature of Property Owner Date

Agent Signature (if any) Date