

CANTERBURY PLANNING BOARD  
PO BOX 500  
THE SAM LAKE HOUSE  
CANTERBURY, NH 03224

SUBDIVISION APPLICATION  
(Rev. 10/2016)

NOTE: 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. Name and address of applicant:

HAROLD FRENCH  
118 West Road Canterbury NH 03224  
Phone Number: 603-848-8588  
Email Address: HFF123@AOL.COM

2. Name and address of owner of record, if other than applicant:

\_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

3. Name, address and telephone number of surveyor and or agent authorized to represent owner/applicant before the Planning Board: (attach letter of authorization to application):

Self  
\_\_\_\_\_  
\_\_\_\_\_

4. Location of proposed project:

118 West Road Canterbury  
\_\_\_\_\_  
Tax Map/Lot No.: 248 -09

5. **Zoning District:** C **Flood Area:** Yes  No

6. **Name of proposed development (if applicable):**

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7. **Number of acres:** 2 **Number of lots** 2  
**Number of structures:** \_\_\_\_\_ **Number of units in structure:** \_\_\_\_\_

8. **Type(s) and number of dwelling units proposed in subdivision (check all that apply):**

Single Family \_\_\_\_\_ Duplex \_\_\_\_\_ Multi-Family \_\_\_\_\_

9. **Type(s) of proposed uses in subdivision:**

Residential \_\_\_\_\_ Multi-Family \_\_\_\_\_ Manufactured Housing Park  
\_\_\_\_\_ Cluster \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial

As to each use identified above, is the use a permitted use under the Zoning Ordinance?

This subdivision is being done to provide frontage of a lot to be annexed

If no, has a Special Exception or Variance been applied for or obtained? \_\_\_\_\_

Date of approval: \_\_\_\_\_

10. **Date of last Site Plan Review or Subdivision of land:** \_\_\_\_\_

11. **DES Subdivision Number (if applicable):** \_\_\_\_\_

12. **Identify any existing easements or Rights of Way on property:**

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13. **Abutters:** Attach a separate list containing the name, mailing address, and tax map/lot number of all abutters, including those across a street, brook, or stream. Names should be those of current owner as recorded in the Tax Records five (5) days prior to the submission of this application.

**This application must comply with all requirements set forth in the Subdivision Regulations of the Town of Canterbury.**

**14. Application fees:**

Application Submission fee:	\$ <u>100</u>
Minor Subdivision fee - \$100.00	
Major Subdivision fee - \$150.00	
Each lot (including original lot) - \$50.00	\$ <u>50</u>
Abutter notification - \$10.00 each abutter (Include applicant, owner if other than applicant, and surveyor, and anyone else whose seal appears on the plan)	\$ <u>110.</u>
Registry filing fee (\$33.00 for each Mylar recording; fee includes \$7.00 for a recorded copy for the Planning Board's file). <b>Mylar will not be recorded until Town receives letter from surveyor indicating bounds have been set.</b>	\$ <u>33.</u>
TOTAL (check payable to Town of Canterbury Planning Board.	\$ <u>9293</u>

**Also include a check in the amount of \$25.00 (per plan) payable to the Merrimack County Registry of Deeds for the State of New Hampshire LCHIP surcharge.**

Note regarding costs: Upon submission of this application, the Planning Board may, in its discretion, require that the applicant pay and addition sum for estimated administration, legal, or technical review costs.

**CERTIFICATION AND ACKNOWLEDGMENT**

- I. The applicant (and the owner or agent, if applicable) certifies that the information and representations contained in this application are complete and correct. All costs for engineering, legal or other professional services or recording by the Planning Board or the Town of Canterbury in the subdivision process of this property shall be borne by the applicant and/or owner and shall be paid prior to recording of the final plat.
- II. I have reviewed, or have had an opportunity to review, the Town of Canterbury Zoning Ordinance and Subdivision Regulations prior to submission of this application.

**FOR PLANNING BOARD USE ONLY:**

Preapplication consultation (optional) 2/28/23  
Date

Completed application filed with Board  
(at least 21 days before hearing date) 3/15/23  
Date

Fees paid Amount: \$293 3/15/23  
+ \$25 MCRS LCHP Date

Notices mailed and posted \_\_\_\_\_  
Date

Completed application on Board agenda \_\_\_\_\_  
Date

Application accepted by Board \_\_\_\_\_  
Date

Public hearing dates \_\_\_\_\_  
Date

\_\_\_\_\_ Date

\_\_\_\_\_ Date

Approved/Disapproved \_\_\_\_\_  
Date

Applicant notified of Board action \_\_\_\_\_  
Date

All conditions in final approval satisfied \_\_\_\_\_  
Date

Recording of final plat (Plan No. \_\_\_\_\_) \_\_\_\_\_  
Date

Copy of final plat provided to Selectmen \_\_\_\_\_  
Date

III. I, as owner of the land to be subdivided, hereby authorize the Canterbury Planning Board and its agents to access my land for the purpose of reviewing this subdivision plan, and performing road inspections and any other inspections deemed necessary by the Board or its agents to ensure conformance of the on-site improvements with the approved plan and all Town of Canterbury ordinances and regulations.

IV. I am aware that failure to satisfy all conditions precedent to final approval within 45 days of the Planning Board vote shall be adequate grounds for revocation of approval of the application and/or termination of the application process. The Planning Board, in its sole discretion, may grant extensions for this 45-day period.

Date: 3/15/23                      Applicant: [Signature]  
Date: \_\_\_\_\_                      Owner: [Signature]  
Date: \_\_\_\_\_                      Agent: \_\_\_\_\_

**FOR PLANNING BOARD USE ONLY:**

Filing Fee:	\$ <u>100</u>	Date: <u>3/15/23</u>
Lot Fee:	\$ <u>50</u>	Date: _____
Abutter Fee:	\$ <u>110</u>	Date: _____
Registry Fee:	\$ <u>33</u>	Date: _____
Estimated Technical Review Fee (if any):	\$ <u>293</u>	Date: _____

NOTE: Fees must be paid before hearing. A position has been reserved on the agenda for \_\_\_\_\_.

\_\_\_\_\_  
Secretary/Clerk/Agent for Planning Board