

**PLANNING BOARD  
TOWN OF RANDOLPH, NEW HAMPSHIRE**

File No. \_\_\_\_\_

**APPLICATION FOR MAJOR SUBDIVISION, MINOR SUBDIVISION, OR LOT LINE ADJUSTMENT**

**INSTRUCTIONS:**

1. Carefully read Land Use Ordinance and Subdivision Regulations.
2. Complete this application.
3. Complete appropriate Checklist. (For Final Application, Checklist must be complete.)
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 to the Town Office during regular business hours or mail to Randolph Planning Board, 130 Durand Rd. Randolph, NH 03593, 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 Randolph Town Hall, 603-466-5771.

**PROPERTY INFORMATION**

Map # \_\_\_\_\_ Lot # \_\_\_\_\_ Number of Lots/Sites/Units Proposed \_\_\_\_\_

Property Address, or, if none, street that would provide access \_\_\_\_\_

Lot Size \_\_\_\_\_ Acres \_\_\_\_\_ Sq. Ft.

Wetland Conservation Overlay District \_\_\_\_ Yes \_\_\_\_ No (See Wetland Studies on Conservation Commission webpage)

Shoreland Protection Overlay District \_\_\_\_ Yes \_\_\_\_ No

Steep Slopes Overlay District \_\_\_\_ Yes \_\_\_\_ No

**APPLICATION TYPE**

Major \_\_\_\_\_ Minor \_\_\_\_\_ Lot Line Adjustment/Boundary Agreement \_\_\_\_\_

Preliminary Plan (Design Review) \_\_\_\_\_ Final Approval \_\_\_\_\_

**CONTACT INFORMATION**

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

AGENT (such as Attorney, Surveyor, Engineer - if applicable)

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

Mailing address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

**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 Randolph 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: \_\_\_\_\_

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**BELOW THIS LINE FOR TOWN USE ONLY**

**APPLICATION**

Date application, checklist, plan, fees & abutters list have all been received: \_\_\_\_\_ by \_\_\_\_\_

Amount of fees received \$ \_\_\_\_\_ by \_\_\_\_\_

Public Notice Dates: Abutters notices mailed \_\_\_\_\_ Posted \_\_\_\_\_ Published \_\_\_\_\_

Date of Submission to Planning Board \_\_\_\_\_

\_\_\_\_\_ Applicant notified in writing of deficiencies if Incomplete

Date Accepted as Complete: \_\_\_\_\_

Public Hearing Notice (if not included in notice of submission):

Additional fees received: \$ \_\_\_\_\_ Date \_\_\_\_\_ by \_\_\_\_\_

Public Notice Dates: Abutters notices mailed \_\_\_\_\_ Posted \_\_\_\_\_ Published \_\_\_\_\_

Date of public hearing: \_\_\_\_\_ Date hearing continued: \_\_\_\_\_

**OUTSIDE REVIEWS**

Consultant 1: \_\_\_\_\_ Estimated cost: \$ \_\_\_\_\_

Received from applicant: \$ \_\_\_\_\_ Date \_\_\_\_\_ by \_\_\_\_\_

Paid to consultant: \$ \_\_\_\_\_ Date \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_

\$ \_\_\_\_\_ Date \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_

Reimbursed to applicant: \$ \_\_\_\_\_ Date \_\_\_\_\_

Consultant 2: \_\_\_\_\_ Estimated cost: \$ \_\_\_\_\_

Received from applicant: \$ \_\_\_\_\_ Date \_\_\_\_\_ by \_\_\_\_\_

Paid to consultant: \$ \_\_\_\_\_ Date \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_

\$ \_\_\_\_\_ Date \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_

Reimbursed to applicant: \$ \_\_\_\_\_ Date \_\_\_\_\_

**INTERNAL REVIEWS**

\_\_\_\_\_ Fire Chief      \_\_\_\_\_ Other \_\_\_\_\_

**DECISION BY PLANNING BOARD**

Date: \_\_\_\_\_      Approved \_\_\_\_\_      Denied \_\_\_\_\_      Approved with Conditions(Attach) \_\_\_\_\_

\_\_\_\_\_ Notice of Decision with findings of fact 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**

Date \_\_\_\_\_ Plan # \_\_\_\_\_

Book & Page for Notice of Decision if conditions not all included on plan \_\_\_\_\_