

TOWN OF EFFINGHAM

MINOR SITE PLAN REVIEW - APPLICATION & CHECKLIST

Applicant Name _____ Tax Map # _____ Lot # _____

Applicant Address _____ Applicant Phone Number _____

Project Address _____

Designated Agents _____ Hereby Authorized by Owner _____

PLEASE NOTE: The owner of the property or designated agent (authorized in writing) shall file a completed application NO LESS than twenty one (21) days prior to a regularly scheduled meeting of the Planning Board. An application will be considered complete for the purpose of submission if it meets ALL of the following requirements. ALL WAIVERS requested must be in writing and attached. Failure to do so will result in a rejected application. **All requirements cited in this checklist can be found in the Effingham Site Plan Review Regulations unless otherwise noted.**

	Applicant	Planning Board Use
All items below to be provided:		
1. Names, addresses & phone numbers of applicant and owner on all application documents <input type="checkbox"/> Applicant name, address & phone no. <input type="checkbox"/> Owner name, address & phone no. <input type="checkbox"/> Owner/Applicant same <input type="checkbox"/> Authorized designated agent	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INCLUDED <input type="checkbox"/> NO
2. Location of Site <input type="checkbox"/> Tax Map # Lot # <input type="checkbox"/> Street Address	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INCLUDED <input type="checkbox"/> NO
3. Brief Description of Proposed Use <input type="checkbox"/> Existing Use <input type="checkbox"/> Proposed Use <input type="checkbox"/> Changes to existing use	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INCLUDED <input type="checkbox"/> NO
4. Detailed description of services/products for non-residential use <input type="checkbox"/> Changes of existing use <input type="checkbox"/> Days and hours of operation	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INCLUDED <input type="checkbox"/> NO
5. Abutters list	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INCLUDED <input type="checkbox"/> NO
6. Property assessment card, all pages	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INCLUDED <input type="checkbox"/> NO
7. Parking requirements, with written statement of how requirements are met <input type="checkbox"/> Proposed <input type="checkbox"/> None proposed <input type="checkbox"/> Existing <input type="checkbox"/> None existing	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INCLUDED <input type="checkbox"/> NO

	Applicant	Planning Board Use
8. Ten (10) copies of site sketch showing: <input type="checkbox"/> Zoning District <input type="checkbox"/> Lot under consideration	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INCLUDED <input type="checkbox"/> NO
9. Rights-of-way/easement <input type="checkbox"/> Rights of way shown <input type="checkbox"/> No rights of way on property <input type="checkbox"/> Easements <input type="checkbox"/> No easements on property	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INCLUDED <input type="checkbox"/> N/A
10. Permits and Approvals <input type="checkbox"/> Town _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Federal _____ <input type="checkbox"/> Previous Zoning Board Decisions, e.g. permit or variance _____	<input type="checkbox"/> YES <input type="checkbox"/> Written Waiver Requested	<input type="checkbox"/> INCLUDED <input type="checkbox"/> N/A
11. Waivers requested in writing, explaining why requested	<input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> INCLUDED <input type="checkbox"/> N/A
12. Additional requirements <input type="checkbox"/> Traffic estimate <input type="checkbox"/> Traffic estimate waived <input type="checkbox"/> Other restrictions: _____	<input type="checkbox"/> YES <input type="checkbox"/> Written Waiver Requested	<input type="checkbox"/> INCLUDED <input type="checkbox"/> N/A
13. Required application fees \$100 Filing Fee \$50 Advertising in local paper \$10 per Abutter, Applicant and/or Designee for Certified Mailers	<input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> INCLUDED <input type="checkbox"/> NO

Applicants may be required to submit additional information relating to the site, neighborhood, and the proposal and its potential impact.

Application accepted as Complete by Planning Board:

Planning Board Chairman, Printed Name	Signature	Date
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A completed application is **NOT** a Notice of Decision by the Planning Board but indicates that the application itself is deemed complete and the process can move forward to the decision-making phase.

Town of Effingham
Site Plan Review Application

This application is made for **site plan review** pursuant to the procedures set forth in the Town of Effingham Site Plan Review Regulations.

1. General Information

Name of Applicant: _____

Address of Applicant: _____

Name of Property Owner: _____

Address of Property Owner: _____

Tax Map # _____ Lot # _____

2. Applicant's Proposed Actions (check where applicable)

New Site Commercial/Industrial Use Addition

Change of Use Multi-Family Residential Use Demolition

Describe Present Use: _____

Describe Proposed Use: _____

Number of Employees: _____

If Residential, Specify Number of Units and Buildings Proposed: _____

3. Type of Operation: Proposed and Mix

Please consult Table 1 of the Effingham Zoning Ordinance and list the Permitted Use for which you have received a Certificate of Zoning Compliance, and also list its square footage:

Permitted Use: _____ Square Footage: _____

Number of Parking Spaces: Existing _____ Proposed _____

4. Site Development Area

Zoning District _____

Area of Parcel to be developed: _____ (sq footage or acreage)

Disposition of Parcel:

Building Area _____ sq ft

Green Area _____ sq ft

Paved Area _____ sq ft

Building Setback:

Front Yard _____ ft

Rear Yard _____ ft

Side Yard: Right _____ ft
Left _____ ft

5. Building Data

Type of Structure to be built _____

Height of Structure _____ Number of Seats (where applicable) _____

Name of Professional who prepared the plat (Licensed in NH)

Check One ___ Engineer ___ Land Surveyor ___ Architect

Address _____

License Number _____ Telephone Number _____

Signature of Applicant _____

Authorization of agent

I hereby authorize _____ to serve as my agent for this proposal.

Signature of Applicant _____

Effingham Planning Board

Land Use Application Notification List

For notification of Application Consideration and Public Hearing purposes, the Applicant is required to provide a list of names, mailing addresses and Tax Map # and Lot # of all Abutters. The notification list shall also include the Town of Effingham, the Applicant, and if required, all associated Surveyors and Engineers. Notifications will be sent by certified mail with return receipt. **REQUIRED: Three copies of pre-printed mailing labels of entire list (label size 1" x 2 5/8" to comply with USPS certified mailings.**

Abutter: Is defined as any person whose property adjoins or is directly across the street or stream from the land under consideration.

Name	Mailing Address
Town of Effingham	68 School Street Effingham, NH 03882

Applicant Name(s)	Mailing Address	Tax Map #	Lot #

Surveyor/Engineer Name(s)	Mailing Address

Abutter Name(s)	Mailing Address	Tax Map #	Lot #

Use additional forms if needed, to include all Abutters and/or Surveyor/Engineer information.