

**LOT LINE RELOCATION APPLICATION FOR REVIEW  
TOWN OF HUDSON, NEW HAMPSHIRE**

Date of Application: \_\_\_\_\_ Tax Map # \_\_\_\_\_ Lot # \_\_\_\_\_

Name of Project: \_\_\_\_\_

Zoning District: \_\_\_\_\_ General SB# \_\_\_\_\_  
(For Town Use) (For Town Use)

Z.B.A. Action: \_\_\_\_\_

PROPERTY OWNER:

DEVELOPER:

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Telephone # \_\_\_\_\_

\_\_\_\_\_

Fax # \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

PROJECT ENGINEER

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

Telephone # \_\_\_\_\_

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

Fax # \_\_\_\_\_

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

Email: \_\_\_\_\_

PURPOSE OF PLAN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(FOR TOWN USE)**

Plan Routing Date: \_\_\_\_\_ Sub/Site Date: \_\_\_\_\_

\_\_\_\_\_ I have no comments \_\_\_\_\_ I have comments (attach to form)

\_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Initials)

Department:

\_\_\_\_\_ Zoning \_\_\_\_\_ Engineering \_\_\_\_\_ Assessor \_\_\_\_\_ Police \_\_\_\_\_ Fire \_\_\_\_\_ Planning

\_\_\_\_\_ Consultant \_\_\_\_\_ Highway Department

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Fees Paid \_\_\_\_\_

**LOT LINE RELOCATION DATA SHEET**

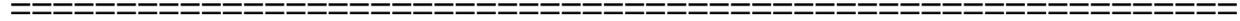
Plan Name: \_\_\_\_\_

Plan Type: Lot Line Relocation Plan

Legal Description:           Map \_\_\_\_\_           Lot \_\_\_\_\_

  Map \_\_\_\_\_           Lot \_\_\_\_\_

Date: \_\_\_\_\_



Location: \_\_\_\_\_

Total Area:                   S.F. \_\_\_\_\_                   Acres: \_\_\_\_\_

Area in Wetlands: \_\_\_\_\_

Zoning: \_\_\_\_\_

Lots Not Meeting  
Required Dimensions: \_\_\_\_\_

Required Area: \_\_\_\_\_

Required Frontage: \_\_\_\_\_

Water and Waste System  
Proposed: \_\_\_\_\_

Number of Lots With  
Existing Buildings: \_\_\_\_\_

Existing Buildings  
To Be Removed: \_\_\_\_\_

Flood Zone Reference: \_\_\_\_\_

Proposed Linear Feet  
Of New Roadway: \_\_\_\_\_

**LOT LINE RELOCATION DATA SHEET**

Dates/Case #/Description:

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Stipulations of ZBA,  
(Attach Copies of Stipulations on  
Separate Sheet)

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NH Wetlands Board Action:

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Conservation Commission Recommendation:

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List Permits Required:

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**APPLICATION FOR LOT LINE RELOCATION  
TOWN OF HUDSON, NEW HAMPSHIRE**

I hereby apply for Lot Line Relocation Plan Review and acknowledge I will comply with all of the Ordinances of the Town of Hudson, New Hampshire State Laws, as well as any stipulations of the Planning Board, in development and construction of this project. I understand that if any of the items listed under the Lot Line Relocation Plan specifications or application form are incomplete, the application will be considered rejected.

Pursuant to RSA 674:1-IV, the owner(s), by the filing of this application as indicated above, hereby give permission for any member of the Hudson Planning Board, the Town Engineer, the Conservation Commission and such agents or employees of the Town or other persons as the Planning Board may authorize, to enter upon the property which is the subject of this application at all reasonable times for the purpose of such examinations, surveys, tests and inspections as may be appropriate. The owner(s) release(s) any claim or right he/she (they) may now or hereafter possess against any of the above individuals as a result of any examinations, surveys, tests and inspections conducted on his/her (their) property in connection with this applications.

Signature of Owner: \_\_\_\_\_

- ❖ If other than an individual, indicate name of organization and its principal owner, partners, or corporate officers.

Signature of Developer: \_\_\_\_\_

- ❖ The developer/individual in charge must have control over all project work and be available to the Code Enforcement Officer/Building Inspector during the construction phase of the project. The individual in charge of the project must notify the Code Enforcement Officer/Building Inspector within two (2) working days of any change.

Technical Review Signature: \_\_\_\_\_

Planner Approval Signature: \_\_\_\_\_

APPLICATION IS DUE AT 10:00 A.M. Tuesday the week prior to the Planning Board Meeting. Any applications/materials received after that time will be deferred until the next available meeting.

**LOT LINE RELOCATION WAIVER REQUEST FORM**

Name of the Lot Line Relocation Plan: \_\_\_\_\_

Street Address: \_\_\_\_\_

I \_\_\_\_\_ hereby request that the Planning Board waive the requirements of item \_\_\_\_\_ of the Lot Line Relocation Plan Checklist in reference to a plan presented by \_\_\_\_\_ (name of surveyor and engineer) dated \_\_\_\_\_ for property tax map(s) \_\_\_\_\_ and lot(s) \_\_\_\_\_ in the Town of Hudson, NH.

As the aforementioned applicant, I, herein, acknowledge that this waiver is requested in accordance with the provisions set forth in RSA 674:36, II (n), i.e., without the Planning Board granting said waiver, it would pose an unnecessary hardship upon me (the applicant), and the granting of this waiver would not be contrary to the spirit and intent of the Subdivision/Site Plan regulations.

Hardship reason(s) for granting this waiver (if additional space is needed please attach the appropriate documentation hereto):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason(s) for granting this waiver, relative to not being contrary to the Spirit and Intent of the Subdivision/Site Plan regulations: (if additional space is needed please attach the appropriate documentation hereto):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed:

\_\_\_\_\_  
Applicant or Authorized Agent

Planning Board Action:

Waiver Granted \_\_\_\_\_

Waiver Not Granted \_\_\_\_\_

**APPLICATION FOR LOT LINE RELOCATION  
TOWN OF HUDSON, NEW HAMPSHIRE**

**SCHEDULE OF FEES**

**A. REVIEW FEES**

1. \$170.00 per lot \$ \_\_\_\_\_

Legal Fees: The applicant shall be charged attorney costs billed to the Town for Town's attorney review of any application plan set documents.

**B. POSTAGE**

Current "certified mail" postage rate per abutter to proposed site plan and current first class postage rate per property owner within 200 feet of proposed site plan.

\_\_\_\_\_ Direct abutters @ \$6.74 each (certified mail) \$ \_\_\_\_\_

\_\_\_\_\_ Indirect property owners w/in 200 feet @\$49 each (first class) \$ \_\_\_\_\_

**C. ADVERTISING**

(PUBLIC NOTICE) For all Lot Line Relocations \$ 40.00

**D. TAX MAP UPDATE FEE**

2 to 7 lots (# of lots x \$30.00) + \$25.00 (min. \$85.00) \$ \_\_\_\_\_

8 lots or more (min. \$325.00) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**APPLICATION FOR LOT LINE RELOCATION  
TOWN OF HUDSON, NEW HAMPSHIRE**

**SCHEDULE OF FEES  
(CONTINUED)**

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AMOUNT DUE	\$ _____	DATE RECEIVED	_____
AMOUNT RECEIVED	\$ _____	RECEIPT NO.	_____
		RECEIVED BY	_____

**E. RECORDING FEES**

The applicant shall pay the costs of recording the final plan layout prior to final subdivision recording, in accordance with fees established by the County.

Recording of Plan	@ \$24.00/sheet + \$2.00/surcharge/Plan	\$ _____
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Land & Community Heritage Investment Program (LCHIP) fee \$25.00	\$ _____
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Easements/Agreements (if applicable)	@ \$10.00/first sheet @ 4.00/each sheet thereafter + \$2.00/surcharge/doc. + first class return postage rate	\$ _____ \$ _____ \$ _____ \$ _____
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<b>TOTAL</b>	\$ _____
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**PLEASE NOTE:** Recording fees shall be computed when plans are finalized for recording. Recording fees must be paid by the applicant prior to recording.

The applicant shall be responsible for all fees incurred by the Town for processing and review of the applicant's application, plan and related materials. All such fees must be paid prior to recording.

**F. COST ALLOCATION PROCEDURE AMOUNT CONTRIBUTION AND OTHER IMPACT FEE PAYMENTS**

To be determined by vote of the Planning Board and paid by the applicant at time of application for the Certificate of Occupancy.

**LIST OF ABUTTERS**

List of all the names and addresses of the owner (s) of record of the property and abutters, as of the time of the last assessment for taxation made by the concerned property by a street(s), public land(s) or stream(s) up to distance of 200 feet from subject tract.

**I. ADJACENT PROPERTY OWNERS**

MAP \_\_\_\_\_ LOT \_\_\_\_\_ NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
MAP \_\_\_\_\_ LOT \_\_\_\_\_ NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

**II. PROPERTY OWNERS WITHIN 200 FEET**

MAP \_\_\_\_\_ LOT \_\_\_\_\_ NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
MAP \_\_\_\_\_ LOT \_\_\_\_\_ NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_