



*Town of Hudson  
12 School Street  
Hudson, NH 03501*

## **CONCEPTUAL SUBDIVISION PLAN APPLICATION**

Revised April 2024

The following information must be filed with the Planning Department *at the time of filing a site plan application*:

1. One (1) original completed application with original signatures.
2. One (1) full plan set *folded* (sheet size: 22" x 34").
3. Fifteen (15) reduced plan sets *folded* (sheet size 11" X 17").
4. One (1) original copy of the project narrative.
5. A list of direct abutters and a list of indirect abutters, and one (1) set of mailing labels for abutter notifications.
6. All of the above application materials, including plans, shall also be submitted in electronic form as a PDF.
7. ***All plans shall be folded*** and all pertinent data shall be attached to the plans with an elastic band or other enclosure.
8. Application shall include the submission of a Zoning Determination prepared by the Zoning Administrator.

*Note: Prior to filing an application, it is recommended to schedule an appointment with the Town Planner.*

**CONCEPTUAL SUBDIVISION PLAN APPLICATION**

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

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

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

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

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

**PROPERTY OWNER:**

**DEVELOPER:**

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

**PROJECT ENGINEER:**

**SURVEYOR:**

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

**PURPOSE OF PLAN:**

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

**(For Town Use Only)**

Routing Date: \_\_\_\_\_ Deadline Date: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

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

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

Department:

Zoning: \_\_\_ Engineering: \_\_\_ Assessor: \_\_\_ Police: \_\_\_ Fire: \_\_\_ DPW: \_\_\_ Consultant: \_\_\_

**CONCEPTUAL SUBDIVISION DATA SHEET**

PLAN NAME: \_\_\_\_\_

PLAN TYPE: CONCEPTUAL SUBDIVISION PLAN

LEGAL DESCRIPTION:     MAP \_\_\_\_\_ LOT \_\_\_\_\_

DATE: \_\_\_\_\_

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

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

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

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

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

Number of Lots Proposed: \_\_\_\_\_

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

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

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

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

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

<b>(For Town Use Only)</b>
Data Sheets Checked By: _____ Date: _____

**SCHEDULE OF FEES**

**A. REVIEW FEES:**

1. Conceptual Review Only \$ 100.00  
    \$100.00 Flat Fee

**B. POSTAGE:**

\_\_\_\_\_ Property owners within 200 feet @\$0.68 \$ \_\_\_\_\_  
    **(or Current First Class Rate)**

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

<b>(For Town Use)</b>	
AMOUNT RECEIVED: \$ _____	DATE RECEIVED: _____
RECEIPT NO.: _____	RECEIVED BY: _____