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

# CONCEPTUAL SUBDIVISION PLAN APPLICATION

Revised September 2025

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: _____

**(For Town Use Only)**

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 @$0.78 $_____
**(or Current First Class Rate)**

**TOTAL** $_____

| **(For Town Use)** | | | |
|---|---|---|---|
| AMOUNT RECEIVED: $_____ | | DATE RECEIVED: | _____ |
| RECEIPT NO.: | _____ | RECEIVED BY: | _____ |