



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

## **LOT LINE RELOCATION APPLICATION**

Revised April 2024

The following information must be filed with the Planning Department *at the time of lot line relocation application.*

1. One (1) original completed application with original signatures.
2. One (1) full plan set *folded* (sheet size: 22" x 34").
3. One (1) original copy of the project narrative.
4. A list of direct abutters and a list of indirect abutters, and two (2) sets of mailing labels for abutter notifications.
5. All of the above application materials, including plans, shall also be submitted in electronic form as a PDF.
6. *All plans shall be folded* and all pertinent data shall be attached to the plans with an elastic band or other enclosure.

The following information is required to be filed with the Planning Department *no later than 10:00 A.M., Tuesday ONE WEEK prior to the scheduled Planning meeting. The purpose of these materials is hardcopy distribution to Planning Board members, not review. Any plan revisions that require staff review must be submitted no later than 10:00A.M., Tuesday TWO WEEKS prior to the scheduled Planning meeting. Depending on the complexity of changes, more time may be required for review. Please contact the Town Planner if you have any questions on this matter.*

1. Submission of fifteen (15) 11" X 17" plan sets *folded*, revised if applicable.
2. Submission of one (1) full plan set *folded* (sheet size: 22" x 34"), if revised.
3. All of the above application materials, including plans, shall also be submitted in electronic form as a PDF.

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

**LOT LINE RELOCATION APPLICATION**

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

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

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

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

**PROPERTY OWNER:**

**DEVELOPER:**

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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: \_\_\_

**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/  
Stipulations of ZBA,  
Conservation Commission,  
NH Wetlands Board Action:

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(Attach Stipulations on  
Separate Sheet)

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List Permits Required:

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<u>*Waivers Requested:</u>	<u>Hudson Town Code Reference</u>	<u>Regulation Description</u>
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	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	

*\*(Left Column for Town Use)*

**(For Town Use Only)**

Data Sheets Checked By: \_\_\_\_\_ Date: \_\_\_\_\_

**LOT LINE RELOCATION APPLICATION AUTHORIZATION**

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

Print Name of Owner: \_\_\_\_\_

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

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

Print Name 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.

**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

**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:**

\_\_\_\_\_ Direct Abutters Applicant, Professionals, etc. as required \$ \_\_\_\_\_  
by RSA 676:4.1.d @\$5.08 (or **Current Certified Mail Rate**)

\_\_\_\_\_ Indirect Abutters (property owners w/in 200 feet) \$ \_\_\_\_\_  
@\$0.68 each (or **Current First Class Rate**)

**C. 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** \$ \_\_\_\_\_

**SCHEDULE OF FEES**  
(Continued)

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

*NOTE: fees below apply only upon plan approval, not collected at time of application.*

**F. RECORDING:**

**\*\*\*The applicant shall be responsible for the recording of the approved plan, and all documents as required by an approval, at the Hillsborough County Registry of Deeds (HCRD), located at 19 Temple Street, Nashua, NH 03061. Additional fees associated with recording can be found at HCRD.\*\*\***

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

To be determined by the Planning Board at time of plan approval and shall be paid by the applicant at the time of submittal of the Certificate of Occupancy Permit requests.

**\*\*\*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.\*\*\***