Town of Hudson
12 School Street
Hudson, NH 03501

CONDITIONAL USE PERMIT APPLICATION: WETLAND CONSERVATION OVERLAY DISTRICT

Revised November 2025

Applications must be received at least 21 days prior to the Planning Board and Conservation Commission meetings at which the application will be heard. ***The following information must be filed to each board.***

CONSERVATION COMMISSION:

1. Ten (10) copies of the completed application, including the project narrative that demonstrates that the proposal meets the conditions of Article IX of the Zoning Ordinance.
2. Ten (10) reduced size plan sets *folded* (sheet size: 11" X 17"). Plans require the stamp of a licensed land surveyor and a certified wetlands scientist. At a minimum, plans must show topography and any wetland within fifty (50) feet of the proposed project for residential lots, and seventy-five (75) feet for commercial lots.

***Complete Application material should be delivered to the Engineering Department (603)886-6008.**

PLANNING BOARD:

1. One (1) copy of the completed application, including the project narrative that demonstrates that the proposal meets the conditions of Article IX of the Zoning Ordinance.
2. One (1) full size plan set *folded* (sheet size: 22" x 34") and fifteen (15) reduced size plan sets *folded* (sheet size: 11" X 17"). Plans require the stamp of a licensed land surveyor and a certified wetlands scientist. At a minimum, plans must show topography and any wetland within fifty (50) feet of the proposed project for residential lots, and seventy-five (75) feet for commercial lots.
3. A list of direct abutters and indirect abutters, and two (2) sets of mailing labels for abutter notifications.
4. All of the above application materials, including plans, shall also be submitted in electronic form as a PDF.
5. Check should be made payable to the *Town of Hudson*, and submitted to the Planning Department.

***Complete Application material & check should be delivered to the Planning Department (603)886-6008.**

Revised plans and other application materials must be filed with the Planning Department ***no later than 10:00A.M., Tuesday ONE WEEK prior to the scheduled meeting, as applicable. 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.

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

CONDITIONAL USE PERMIT APPLICATION

Date of Application: _____ Tax Map #: _____ Lot #: _____

Site Address: _____

Name of Project: _____

Zoning District: _____ General CUP#: _____
(For Town Use Only)

Z.B.A. Action: _____

PROPERTY OWNER:	DEVELOPER:
Name: _____	_____
Address: _____	_____
Address: _____	_____
Telephone # _____	_____
Email: _____	_____

PROJECT ENGINEER or SURVEYOR:	CERTIFIED WETLANDS SCIENTIST:
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: ___

SITE DATA SHEET

PLAN NAME: _____

PLAN TYPE: (Site Plan, Subdivision, or other) _____

LEGAL DESCRIPTION: MAP _____ LOT _____

DATE: _____

Location by Street: _____

Zoning: _____

Proposed Land Use: _____

Existing Use: _____

Total Site Area: S.F.:_____ Acres: _____

Total Wetland Area (SF): _____

Permanent Wetland Impact Area (SF): _____

Permanent Wetland Buffer Impact Area (SF): _____

Temporary Wetland Impact Area (SF):_____

Temporary Wetland Buffer Impact Area (SF): _____

Flood Zone Reference: _____

Proposed Mitigation:

_____

_____

_____

(For Town Use Only)

Data Sheets Checked By: _____ Date: _____

WETLAND CONDITIONAL USE PERMIT CHECKLIST

Yes	No	NA	QUESTIONS/INFORMATION NEEDED	HCC Comments
NARRATIVE REPORT				
			Existing Conditions	
○	○	○	Has a DES Dredge and Fill Permit been issued for any part of this site? If yes, provide number, date, and description.	
○	○	○	Is there evidence of altered wetlands or surface waters on site?	
○	○	○	All prime and other wetlands in the vicinity, plus any wetlands/watersheds past the immediate vicinity affected by this project	
○	○	○	• Description of each wetland and associated values	
○	○	○	Wetland mapping results – Including the flagging date and technique plus the name, company and qualifications of the wetland scientist	
○	○	○	Was property surveyed? If yes, the date of survey. (Please attach the survey plan)	
			National Wetland Inventory	
○	○	○	• Vegetative cover types	
○	○	○	• Existence of vernal pools and associated habitat	
○	○	○	• Unique geological and cultural features	
○	○	○	• NH Natural Heritage inventory – For list of rare and endangered species, contact the NH Division of Forests and Lands (603)271-3623	
○	○	○	• Wildlife and fauna species, including estimated number and locations (large projects)	
○	○	○	• Public or private wells located within the vicinity	
○	○	○	• Monitoring well(s) located on site	
○	○	○	• Current land use and zoning district	
○	○	○	Photos of existing area (please use color photos)	
			Proposed Project Description	
○	○	○	Entire project and associated activities	
○	○	○	Time table of project and anticipated phasing	
○	○	○	Land use	
○	○	○	Grading plan	
			Impact to Wetlands and/or Buffers	
○	○	○	• Depending on size and proposed impacts, a report from a biologist may be appropriate	
○	○	○	Removing, filling, dredging, or altering (Area square ft. and locations)	
○	○	○	Intercepting or diverging of ground or surface water (Locations and size)	
○	○	○	• Change in run-off characteristics	
○	○	○	Delineation of drainage area contributing to each discharge point	

Yes	*No*	*NA*	*Questions/Information Needed*	***HCC COMMENTS***
○	○	○	Estimated water quality characteristics of runoff at each point of discharge for both pre- and post-development	
○	○	○	Erosion control practices	
○	○	○	• If using rip-rap, attach documentation explaining why other erosion control methods are not feasible	
○	○	○	• How storm water runoff will be handled	
○	○	○	If backyards or lots include a buffer area, buffer restriction wording shall be included in each deed (A physical marker may be requested to designate buffer boundaries at site)	
			Mitigation	
○	○	○	Square footage of mitigation – wetland and upland areas	
○	○	○	Wetland or upland plants identified to replace any losses	
○	○	○	• Restoration plan for planting and vegetation	
○	○	○	Conservation easements, including location and aesthetic, wildlife and vegetative values	
○	○	○	• If easement is on or added to the site(s), a copy of the legal document shall be given to the HCC (HCC conservation easement markers may also be required along the easement)	

CONCEPTUAL SITE PLAN/DRAWING

○	○	○	Locus map depicting project site and vicinity within approximately ½ mile and also on a larger scale	
○	○	○	All prime and other wetlands in the vicinity	
○	○	○	Wetland(s) impacted (identified as prime or other) and the wetland boundaries with 50', buffer areas highlighted in color	
○	○	○	Assessor's sheet(s), lot(s), and property account number(s)	
○	○	○	Existing and proposed structures	
○	○	○	Square footage listed for temporary and permanent impact	
○	○	○	Erosion control plan (Suggested: Biodegradable silt fences so area won't be disturbed again and no hay to avoid invasive species)	
○	○	○	Topographical map with contours	
○	○	○	Storm water treatment swales and basins highlighted in color if in buffer area	
○	○	○	Conservation and utility easements	
○	○	○	Grading plan	
○	○	○	Culvert, arch, bridge - sizes, material, etc.	
○	○	○	Vegetative cover types	
○	○	○	Vernal pools	
○	○	○	Existing and proposed stone walls, tree lines, and unusually large, rare or beautiful trees, and other notable site features	

QUESTIONS TO CONSIDER BEFORE SUBMITTING

- Will the increased discharge cause erosion and channelization?
- Is there potential for off-site flooding?
- Does the decreased infiltration in the drainage area cause vegetation stress due to reduced or increased ground water or surface water discharge into wetland?
- Will the nutrients in the runoff increase eutrophication potential in downstream water bodies?
- Do you own any adjacent parcels or easements for roadways across adjacent parcels which could be used for access to avoid a wetland crossing
- Does a wetland crossing occur where it will result in the least amount of alteration to a wetland?
- Is preservation of upland areas adjacent to the impacted wetland a priority?
- Can using an alternative crossing design such as a bridge, retaining wall, etc. decrease the width or area of wetland alteration?
- Does a proposed road crossing of a wetland exceed the minimum width acceptable to the Planning Board and can this be negotiated downwards?
- Have you established that no reasonable alternative access from a public way to an upland is possible?
- Can the parking lot spaces be decreased?
- Is the roadway designed in such a way that does not restrict the flow of water?
- Is additional information needed to assess water quality impacts due to runoff?
- Is there an increase in other pollutants (e.g., heavy metals, turbidity, coli form) from streets and parking lots?
- Is there a need to restrict or prohibit the use of pesticides and fertilizers?
- Is there a need to restrict the use of roadway salting?

CONDITIONAL USE PERMIT APPLICATION AUTHORIZATION

I hereby apply for *Conditional Use Permit* 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 *Conditional Use Permit* 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 given permission for any member of the Hudson Planning Board, the Hudson Conservation Commission, the Town Planner, the Town Engineer, 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 to 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/or 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.

SCHEDULE OF FEES

(Fee covers both Conservation Commission & Planning Board)

A. REVIEW FEES:

1. Conditional Use Permit
   $100 Flat Fee $_100.00____

LEGAL FEE:

The applicant shall be charged attorney costs billed to the Town for the 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 @$6.08 **(or Current Certified Mail Rate)** $_____

_____ Indirect Abutters (property owners within 200 feet) @$0.78 **(or Current First-Class Rate)** $_____

TOTAL $_____

(For Town Use)

AMOUNT RECEIVED: $_____ DATE RECEIVED: _____

RECEIPT NO.: _____ RECEIVED BY: _____