



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

## **CONDITIONAL USE PERMIT APPLICATION**

Revised April 2024

The following information must be filed with the Planning Department *at the time of filing a conditional use permit application, which shall be filed concurrently with application for subdivision and/or site plan approval:*

1. One (1) original completed application with original signatures.
2. One (1) original copy of the project narrative.
3. A list of direct abutters and a list of 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.

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

**CONDITIONAL USE PERMIT APPLICATION**

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

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

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

Zoning District: \_\_\_\_\_ General CU#: \_\_\_\_\_  
(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: \_\_\_

**CONDITIONAL USE PERMIT APPLICATION AUTHORIZATION**

I hereby apply for *Conditional Use Permit* 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 *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 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**

**A. REVIEW FEES:**

1. Conditional Use Permit  
\$100 Flat Fee \$ 100.00

**CONSULTANT REVIEW FEE: (If Applicable - Separate Check)**

Total \_\_\_\_\_ acres @ \$600.00 per acre, or \$1,250.00,  
whichever is greater. \$ \_\_\_\_\_

*This is an estimate for cost of consultant review. The fee is expected to cover the amount. A complex project may require additional funds. A simple project may result in a refund.*

**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 @\$5.08 (or **Current Certified Mail Rate**) \$ \_\_\_\_\_

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

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

**SCHEDULE OF FEES**  
(Continued)

(For Town Use)	
AMOUNT RECEIVED: \$ _____	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.\*\*\***