



**Planning Board**  
**Evans Memorial Building**  
**P. O. Box 88**  
**Eaton, New Hampshire 03832-0088**  
**603-447-2840**

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**Application Requirements**

The Planning Board meets on the third Wednesday of the month.

All applicants are advised to request a preliminary review of any subdivision, site plan review or boundary line adjustment prior to a formal application. Requests for a preliminary review should be made at least ten days before a scheduled meeting.

All applications must be received at the Town Office at least twenty (20) days prior to a meeting of the Board in accordance with Section 3:05a of the Subdivision Regulations. They must be signed by all property owners of record and accompanied by the appropriate fee and a list of abutters as described below.

Any plans substantially revised after this time may trigger a continuance of the Public Hearing.

In addition to the submission requirements of the Subdivision Regulations and the Site Plan Review Regulations the applicant is required to submit enough 11' x 17" copies of the submitted plat for mailing to the abutters and other interested parties, a list of abutters with mailing addresses and map and lot number and three sets of mailing labels for notification of the abutters and any other parties required by statute to be notified.

The plat and any associated documentation shall also be submitted either electronically (email) or on disc as a pdf file.

If an agent is to represent the applicant(s) then written authorization must accompany the application.

Written authorization for the Planning Board or its representatives, either individually or as a group, to conduct on site visits must accompany the application.

The application must be accompanied by a fee of \$200 plus \$25 per lot for a subdivision or boundary line adjustment and \$100 for a Site Plan Review.

If an application is approved by the Planning Board then a mylar (with a mailing tube) must be submitted to the Town Hall within 7 days for recording at the Carroll County Registry of Deeds together with a check for \$25 for LCHIP.



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**Application for Subdivision or Boundary Line Adjustment**

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

File No: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Property Location: \_\_\_\_\_

Map/Lot \_\_\_\_\_

Description of proposal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address, phone number, and email of person or company authorized to present the application.

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

All property Owners must sign below

<b>Signature</b>	<b>Address</b>	<b>Date</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____