

TOWN OF ORFORD, NEW HAMPSHIRE  
**APPLICATION FOR LOT LINE ADJUSTMENT APPROVAL**

Date Application Submitted: \_\_\_\_\_

Application # \_\_\_\_\_

This application is intended for use when a lot line adjustment (boundary adjustment) creates no new lot. Procedures and requirements are set forth in the Subdivision Regulations. Five copies of the entire application including one copy of most current deed(s) of affected properties are required.

**Property #1:** Tax Map: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Street Address: \_\_\_\_\_

Owner(s):

Agent for Owner (if applicable):

Address:

Address:

Telephone:

Telephone:

E-Mail:

E-Mail:

**Property #2:** Tax Map: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Street Address: \_\_\_\_\_

Owner(s):

Agent for Owner (if applicable):

Address:

Address:

Telephone:

Telephone:

E-Mail:

E-Mail:

**The undersigned owners hereby submit to the Planning Board of the Town of Orford, NH the lot line adjustment plan referenced above and respectfully request approval of said plat. In consideration for approval and the privileges accruing thereto, the owners hereby agree to:**

1. Pay all fees required for subdivision approval, including legal fees incurred by the Town of Orford relating to this subdivision, or any litigation relating thereto. Current fees schedule is:

\$20 Application Fee

\$7 per abutter and other interest holder for each legally notified hearing

\$32 for each legally notified hearing

\$26 per each plat for recording fees

\$25 per application for State required Land & Community Heritage Program filing fee

Total Fees for this application (enclosed) \_\_\_\_\_

2. Make no changes whatsoever in the final Plan as approved by the Orford Planning Board unless a revised plat is submitted to and approved by the Orford Planning Board.

**Property Owner Signatures**

The undersigned owners hereby request a lot line adjustment approval for the above properties to be issued on the basis of the representations contained herein, including all necessary support statements. This approval is void in the event of misrepresentation and/or not being in compliance with the subdivision regulations and other applicable state and town laws and regulations. Transfer of the property is not authorized until the application is filed with the Grafton County Registry of Deeds.

\_\_\_\_\_  
Property Owner #1. Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner #2. Signature

\_\_\_\_\_  
Date

**Transfer of Authority**

Property #1:

I hereby authorize \_\_\_\_\_ to be the person designated to whom all communications to the owner may be addressed and the person on whom legal process may be served in connection with any proceeding arising out of the lot line adjustment herein.

I also designate this person to be my agent for the purposes of procuring the necessary local permits for the proposed work as described herein. Representations made by the agent may be accepted as though made by me personally, and I understand that I am bound by any official decisions made on the basis of such representation.

\_\_\_\_\_  
Property Owner #1. Signature

\_\_\_\_\_  
Date

Agent for Property Owner (please print): \_\_\_\_\_

\_\_\_\_\_  
Agent for Property Owner #1. Signature

\_\_\_\_\_  
Date

Property #2:

I hereby authorize \_\_\_\_\_ to be the person designated to whom all communications to the owner may be addressed and the person on whom legal process may be served in connection with any proceeding arising out of the lot line adjustment herein.

I also designate this person to be my agent for the purposes of procuring the necessary local permits for the proposed work as described herein. Representations made by the agent may be accepted as though made by me personally, and I understand that I am bound by any official decisions made on the basis of such representation.

\_\_\_\_\_  
Property Owner #2. Signature

\_\_\_\_\_  
Date

Agent for Property Owner (please print): \_\_\_\_\_

\_\_\_\_\_  
Agent for Property Owner #2. Signature

\_\_\_\_\_  
Date

This application will not be deemed complete without the following items attached to this application or a waiver request subject to Planning Board approval. (please check those completed and attached)

- List of abutters and holders of conservation and agricultural easements on the subject properties (names, addresses indicated by Town records not more than 5 days before the day of submittal)
- Application fees and costs of notice
- Five *Application Packages* (see below) to be provided to:
  - One copy to the agent of the Town of Orford – Upper Valley Lake Sunapee Regional Planning Commission, 10 Water Street, Suite 225, Lebanon, NH 03766 (603-448-1680)
  - Three copies of application to the Orford Planning Board, 2529 Route 25A, Orford, NH 03777
  - One copy to the Orford Select Board, Town of Orford, 2529 Route 25A, Orford, NH 03777

*Application Package Content:*

- The most current deed(s) for the subject properties
- Completed and properly signed application on current application form
- Any requested waivers
- Map Documentation ( See Section 5) as provided below:
  - General site location map locating properties in relation to major roads and other features
  - Name of abutters
  - Boundaries and area of entire parcels showing existing and proposed property lines
  - Lot lines, existing buildings, street and driveways within 200' of the parcels
  - Minimum road frontage of 50' per lot
  - Drawn to scale no small than 100' per inch
  - Name and address of surveyor or engineer
  - Contour intervals shown at 10' intervals or less
  - Signed and sealed by a N.H. Registered Surveyor or engineer
  - Site location showing original boundaries of the adjacent property
  - Plan showing new property lines to be created
  - Statement on the plan: *“This plan shows a division of land for the purpose of a lot line adjustment as defined in the Subdivision Regulations and does not create a new lot.”*
  - Location of Monuments (Sections 5.03 and 13.12)

**FOR PLANNING BOARD USE**

Date(s) of Informal Discussions: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Date of Meeting for Application Review: \_\_\_\_\_

Date Application Deemed Incomplete: \_\_\_\_\_

*Items needed to complete application:*

Date Application Deemed Complete: \_\_\_\_\_

65 Days from Application Deemed Complete: \_\_\_\_\_

*Per RSA 676:4 I. (c)(1) the Board shall make a decision upon an application deemed complete within 65 days subject to an extension.*

Date of Public Hearing Notification: \_\_\_\_\_

Date of First Hearing: \_\_\_\_\_

Date of Second Hearing: \_\_\_\_\_

Date of Approval: \_\_\_\_\_