Town of Nottingham P.O. Box 114 139 Stage Road Nottingham NH 03290



# Office 603-679-9597 X1 Fax 603-679-1013 plan.zone@nottingham-nh.gov www.nottingham-nh.gov

#### **Planning Board Project Application**

Case#: P17.003-44A	Project Name:  ROSE REALTY	Date: 2/6/2017				
Formal Application(s): Subdivision Type: Conventional \( \sumset \) Open Space \( \sumset \) LLA						
Site Plan Review:	Conventional Change of Use					
Concurrent Subdivision/ Site Plan Review						
Amendment to Approval of: Subdivision Site Plan Other						
Total Acreage: 45,117	Current Use Acreage:	# of Proposed Lots				
Project Address:	57.					
Current Zoning Districts: $\mathcal{R}$	A					
Overlay Districts:	Map(s): ≥ 2	Lot (s):	Lot (s): # /			
Request: LOT LINE AD TUSTTIENT						
The Property owner shall designate an agent for the project. This person (the applicant) shall attend pre-application conferences and public hearings, will receive the agenda, recommendations, and case reports, and will communicate all case information to other parties as required.  All contacts for this project will be made through the Applicant listed below.						
(c) Form A "Abutters List" has been filed with this application no earlier than 5 days within submittal of this application with 3 labels per address on address labels (same size as Avery 5160/8160) (c) Form B "Authorization to Enter upon Subject Property" has been filed with this application (d) Form C "Authorization to Represent" has been filed with this application (e) 6 sets of full size plans (f) 10 sets of 11"x17" plans (g) Waiver Form(s) (g) Completed Checklist						

2

X

Owner 1:					
Company: ROSE RE	9674 L.L.C		100		
Phone: 787-1776 Fax: 659-6535 E-mail:					
Phone: 787-1776   Fax: 659-6535   E-mail:  Address: 374 RTR 108   ITADBURY 03823					
11/1					
0 19 18 VV		Date	2/6/2017		
Owner 1 Signature		Date	/ /		
Owner 2:					
Company:					
Phone:	Fax:		E-mail:		
Address:				_	
Owner 2 Signature		Date			
Owner 3:					
Company:					
Phone:	Fax:		E-mail:		
Address:	I un.		E-man.		
riddiess.					
Owner 3 Signature		Date			
Owner 4:					
Company:					
Phone:	Fax:		E-mail:		
Address:					
Owner 4 Signature		Date			
		Duie			
Applicant (Contact):					
Company:					
Phone:	Fax:		E-mail:		
Address:	is a second of the second of t				
Developer:					
Company:	T_				
Phone:	Fax:		E-mail:		
Address:					
Engineer:					
Company:					
Phone:	Fax:		E-mail:		
Address:	I un.		D-IIIaII.		
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### Town of Nottingham

PLANNING & ZONING PO Box 114 139 Stage Road

Ph: (603) 679-9597 Fax: (603) 679-1013

#### **AUTHORIZATION TO ENTER UPON SUBJECT PROPERTY**

The property owner(s), by the filing of this application, hereby give permission for the members of the Nottingham Planning Board and such agents or employees of the Town as the Nottingham Planning Board may authorize, to enter upon the property which is the subject of this application at any reasonable time for the purpose of such examinations, surveys, tests and/or inspections as may be appropriate to enable this application to be processed.

I/We hereby waive and release any claim or right I/we may now or hereafter possess against any of the above individuals as a result of any examinations, surveys, tests and/or inspections conducted on my/our property in connection with this application. This authorization expires in one year from date of signature

Property Owner(s)	At DSW	2-6-17	Cit	
	Signature	Date	Signature	Date
Property Owner(s)	Signature	Date	Signature	Date
Property Owner(s)	Signature	Date	Signature	Date
	olgitature	Date	ognature	Date
Property Owner(s)	Signature	Date	Signature	Date

## Town of Nottingham

PLANNING & ZONING
PO Box 114
139 Stage Road

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## OWNER'S AUTHORIZATION FOR REPRESENTATION

I, the undersigned owner of the property at hereby verify that I have authorized ROBERT represent me/us and apply for the required approvation of the property at the following provided in the followin	TOKE S T  bi BERT to to  Its from the Planning Board in the Town of
Cubic in the rampshire for the following:	Site Plan Review
Dooldet Culturality	Design Review
FOR:	
NAME OF OWNER (Typed or printed) Pose	Realty 111
Address of Owner 334 Rode 10	8 Madhura VIII 63977
NAME OF OWNER (Typed or printed)	Date 2 - 6 - 17
NAME OF OWNER (Typed or printed)	
Address of Owner	
Signature of Owner	Date
NAME OF OWNER (Typed or printed)	
Address of Owner	
Signature of Owner	Date
NAME OF OWNER (Typed or printed)	
Address of Owner	
Signature of Owner	Date