

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



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**Nottingham Planning Board  
Subdivision  
Conceptual Consultation Request  
RSA 676:4IIA (a)**

**Applicant or Agent for the Owner (If different than property owner):**

Name:	
Address:	
Telephone Number:	(    )
Email Address:	

**Property Owner(s) of Record: Print all information**

Name:	
Address:	
Telephone Number:	(    )
Email Address:	
Street location of site:	
Tax Map(s) and Lot(s):	
Number of Lots:	
Frontage on What Road:	

**Short Narrative of Proposed Request:**

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**Signature by Applicant or Agent:**

**Date:**

**Signature(s) of property owner(s):**

**Date:**

**Date:**

**Date:**