



TOWN OF OSSIPEE

PO Box 67 – 55 Moultonville Rd.

Center Ossipee, NH 03814

Ph: (603) 651-1154

planningboard@ossipee.org

APPLICATION FOR SUBDIVISION APPROVAL

or

BOUNDARY LINE ADJUSTMENT

This Application form consists of (1) Application Information and Signature Sheet; (2) Project Checklist; (3) Postage Illustration Sheet; (4) Planning Board Signature Block and (5) Waiver Request form.

Check One:

- ☐ Preliminary Application
☐ Final Completed Application

Check One:

- ☐ Minor Subdivision (3 Lots or less)
☐ Major Subdivision (4 Lots or more)
☐ Minor Boundary Line Adjustment (3 - Lots or less)
☐ Major Boundary Line Adjustment (4 - Lots or more)

Proposed Subdivision Name: _____ Number of Lots: _____

Owner Name: _____ Map: _____ Lot: _____

Address of Property: _____ Book: _____ Page: _____

Zoning District: _____ Phone: _____

Owner Mailing Address: _____

Email Address: _____

For BLA:

Owner Name: _____ Map: _____ Lot: _____

Address of Property: _____ Book: _____ Page: _____

Zoning District: _____ Phone: _____

Owner Mailing Address: _____

Email Address: _____

NOTE: Please include any additional owners (10% interest or more) on a separate sheet of paper

Authorized Agent (if any): _____

Mailing Address: _____

_____ Phone: _____

Email Address: _____

The undersigned sub-divider hereby submits to the Ossipee Planning Board, Subdivision Plats, pertinent information and material as outlined in the "Subdivision Regulations" and/or requested by the Ossipee Planning Board, and respectfully request its approval of said plats. In consideration for approval, the sub-divider hereby agrees:

1. To carry out the improvements agreed upon as shown and intended by said plat, including any work made by unforeseen conditions which become apparent during construction.
2. To make no changes to the Final Plat as approved by the Board unless a revised plan of re-subdivision is submitted and approved by the Board.
3. The above-named individual(s) is/are appointed as my/our duly authorized agent to act in the owner's behalf in all matters pertaining to subdivision approval and is hereby designed as the person to whom all communications to the sub-divider may be addressed and the person on whom legal process may be served in connection with any proceedings arising out of this agreement.

Signed and witnessed this _____ day of _____, 20_____

Owner's Signature (Parcel #1): _____

Witness Signature: _____

Owner's Signature (Parcel #2): _____

Witness Signature: _____

By Signature President/Treasurer of Corporation: _____

Provide names and addresses of all persons with 10% interest.

Name: _____ Address of Property: _____

Name: _____ Address of Property: _____

Name: _____ Address of Property: _____

Name: _____ Address of Property: _____

"Site Walks:

At any point in the application process, before or after acceptance of the application, a quorum of the board or individual Board members may conduct site walks of the property but shall not enter onto the applicant's property unless the applicant has, in advance, granted permission to do so, or the property is otherwise open to the public.

The number of site walks shall be determined by factors to include the complexity of the project, the area (size) of the property, changes made to the site during the application process, and related factors. In addition, an agent/employee of the Town or other person(s) as the board may authorize, shall be allowed to enter upon the property, which is the subject of the application, by appointment (only), for the purpose of examinations, surveys, tests and inspections as may be appropriate.

The refusal of the applicant to allow Board members access for the purpose of site walks based upon the applicant's proposed use and property factors involved is a valid basis for denial of the application.

CHECKLIST FOR SUBDIVISION APPROVAL Or BOUNDARY LINE ADJUSTMENT

Please include a completed copy of this Checklist with your application.

Please mark with a check (☐) **in each item of information below** that you provide with this Application. Mark any items you consider not applicable to the proposed project as “N/A,” and provide an explanation why it is not applicable. Failure to follow these instructions may result in your application being declared incomplete or continued to a date certain

Complete Application Form with signature/s and date/s. Section 9.05 (A-H)

- ☐ A. Name of Applicant, Title of Project, mailing address and phone numbers;
- ☐ B. Name of owner, and contact information if different from applicant;
- ☐ C. Agent information, if any;
- ☐ D. Letter of Intent, briefly describing project;
- ☐ E. Lot identification numbers and location of property;
- ☐ F. Zoning district;

1. Documentation Requirements

(If not applicable, mark “N/A” and submit a Waiver Request for each from Subdivision/Boundary Line Adjustment Regulations) Section 8 and Section 9

- ☐ A. Copy of Tax Map and Tax Card; **(Obtained from the Selectmen’s Office) (Section 9.05 C)**
- ☐ B. Copy of Deed or other proof of ownership or lessee’s authorization; **(Section 9.05 B & 9.06 N)**
- ☐ C. Copy of any required NHDES approval; **(Section 9.06 F)**
- ☐ D. Copy of required Zoning Board or Municipal Water District approvals; **(Section 8.02 P) (Section 9.06 B)**
- ☐ E. List of Abutters and holders of easements, with current mailing addresses of any other property owners within 200-foot radius of property boundaries proposed for development; **(Obtained from the Selectmen’s Office) (Section 8.01B) (Section 9.05 J)**
- ☐ F. Three sets of labels, certified mail card, return receipt form and a blank envelope for each abutter/agent, and owner/applicant. **(PLEASE DO NOT ADD POSTAGE TO THE ENVELOPES). (Section 6.04 C)**
- ☐ G. Mailings to include the Applicant, Agent and/or Engineer (if applicable) **(Section 9.05 J)**
- ☐ H. Request for waivers from Design Standards with written justification and article numbers from Subd/BLA Regulations requesting to be waived **(form is included on last page of application).**
- ☐ I. Fees paid per Planning Board Fee Schedule and payable to the Town of Ossipee. Mylar and L-Chip are payable to the Carroll County Registry of Deeds.

2. Plan Drawings and Accompanying Information (If not applicable, mark “N/A” and submit a Waiver Request from Subdivision/BLA Regulations. Section 9)

- ☐ **A.** Five (5) large (not to exceed 24 x 36) copies of appropriate plans, (1) Mylar for recording and (10) copies of plans minimum size of 11 x 17. All Plans MUST show north, scale, date, signatures of Surveyors and/or Engineers, Property lines showing surrounding owners, lot lines with dimensions, setbacks, size of lots and Planning Board signature block, (Attachment I): **Section 9.05 (A-H)**
- ☐ **B.** Proof of ownership or lessee’s authorization or owner’s signature for agent authorization. **Section 9.05 (B)**
- ☐ **C.** Identify the Zoning District of the property. **Section 9.05 (C)**
- ☐ **D.** If lot is smaller than 5 acres and subdivided since 1967, state subdivision approval is needed.
- ☐ **E.** Flood Plain (FEMA map, OZO 4.10 and SUBD. **Section 10.04 (A – D)**)
- ☐ **F.** Wetland Impact Study, (if needed)
- ☐ **G.** Wetlands, NHDES permits, if needed. **Section 9.06 (F) and 11.02 (E)**
- ☐ **H.** Send copy of plan to Electric Company. **Section 8.02.3**
- ☐ **I.** Fire Department approval in writing (i.e., fire lane, turning radius, sprinkler system, etc...). Take a copy of your plan to the district Fire Chief in a timely manner for his comments. The Fire Chief will see if additional water supply is necessary in your subdivision for fighting fires. **Section 9.06 M**
- ☐ **J.** Show and identify any deed restriction, easement, utility right-of-way, etc. **Section 9.04 E and 9.06 A**
- ☐ **K.** Soil type (OZO p. 82-83 also Carroll County Soil Survey); Drainage (OZO Article 5.5) storm water drainage, pre and post development run-off, snow removal area, erosion and sediment control, grading not to exceed 2:1. (OZO 5.6.) **Section 9.04 (B), (C) and Section 8.02.1**

3. Other Required Approvals (If not applicable, mark “N/A” and submit a Waiver Request from Subdivision/BLA Regulations. Section 9)

- ☐ **A.** Curb cut; state road–required from NH DOT; Town Road, contact Ossipee Public Works Director (603-539-4181) to insure safe access to highway. **Section 9.04 (D) and Section 8.02.2**
- ☐ **B.** Evidence of well and septic approval NHDES Subsurface approval (603-271-3501); Show location of test pits. **Section 9.06 (C), (F)**
- ☐ **C.** Ossipee Water and Sewer Supervisor approval, if the property is located on Town water and/or sewer service; Applicant must take Plan copy to Supervisor in a timely manner to obtain comments/approval; (603-539-8417) **Section 9.06 (B)**
- ☐ **D.** Topographic contours: (5-foot intervals, 200 feet beyond the Boundary, grading not to exceed 2-1). **Section 8.01 N**
- ☐ **E.** Existing and proposed streets or roads. **Section 9.04 (D) and Section 8.02.2**
- ☐ **F.** Open Space, green space, public space. **Section 10.03 (A-C)**
- ☐ **G.** Do you need to file an Intent to Excavate? (Moving >1,000 yards of earth or more)
- ☐ **H.** Is any of the property in Current Use?

I have included these items with my application, if applicable. I am giving permission for the members of the Planning Board to make a site visit to my property prior to all subdivision hearings.

Signed: _____

Phone Number: _____

Applicants Please Note:

Approvals are not final until all Conditions for Federal, State and Local Regulations are met. No business shall open for business without final approval from the Planning Board.

It is strongly recommended that you carefully review the current version of the Ossipee Zoning Ordinance and the Subdivision/Boundary Line Adjustment Regulations before submitting a project application.

The Zoning Ordinance and Subdivision/Boundary Line Adjustment Regulations are available on the Town website at www.Ossipee.org

To simplify the Subdivision/Boundary Line Adjustment process for minor and some amendment projects, the Planning Board is prepared to waive certain requirements for plan documentation with a waiver request unless the nature of the project or the site requires a more comprehensive review.

ABUTTERS NOTIFICATION CERTIFIED/RETURN RECEIPT MAIL PROCEDURE

1. Provide a #10 standard size business envelope
2. Apply one set of labels obtained from Checklist item #2 (E) and #2 (F), apply address label for each abutter to the envelopes and return addressed to: Town of Ossipee; Planning Board or Zoning Board of Adjustment (whichever Board applies): PO Box 67; Center Ossipee, NH 03814
3. Apply second set of abutter address labels to the "Receipt for Certified Mail" (Please see sample provided)
4. Apply third set of abutter address labels to the "Return Receipt Post Card" (Please see sample provided)
5. DO NOT AFFIX POSTAGE; Postage fee will be applied by the Boards & Commissions Secretary per the Fee Scheduled
6. Do not stuff or seal envelopes. Place "Receipt for Certified Mail" and "Return Receipt Post Card" under envelope flap and submit with your application package.

UNITED STATES POSTAL SERVICE		First-Class Mail Postage & Fees Paid USPS Permit No. G-10	CERTIFIED MAIL															
<p>* Sender: Please print your name, address, and ZIP+4® in this box*</p> <p>Town of Ossipee Zoning Board or Planning Board PO Box 67 Ctr. Ossipee, NH 03814</p>		 7012 2210 0002 4346 0718 7012 2210 0002 4346 0718																
SENDER: COMPLETE THIS SECTION <p>■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Recipients Name Mailing Address City, State, Zip Code</p> <p> 9590 9403 0692 5183 3412 02</p> <p>7012 2210 0002 4346 0718</p>		COMPLETE THIS SECTION ON DELIVERY <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>			<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Priority Mail Express®																	
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail™																	
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<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																	
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<input type="checkbox"/> Insured Mail Restricted Delivery																		
PS Form 3811, April 2010 PSN 7530-02-000-9055		Domestic Return Receipt																

ATTACHMENT I

Planning Board Signature Block:

The Subdivision/Boundary Line Adjustment Regulations of the Town of Ossipee are a part of this plan, and approval of this plan is contingent upon accepting only waivers or modifications made in writing by the Planning Board.

Approved by the Planning Board

Chairman: _____

Member: _____

Date: _____

APPLICATION FOR WAIVER
from
SUBDIVISION/SITE PLAN REVIEW REGULATIONS

(Complete one form for each N/A waiver requesting)

To the Chairman and Members of the Ossipee Planning Board:

On _____, I submitted a plan for (subdivision/bla/site plan review) approval to the Board,
(Date)

entitled _____ prepared by _____ and
(Name of Project) (Name of Engineer)

hereby request a waiver from SPR Regulation Article _____ Section _____ of the regulations.

In support of such request:

(1) Strict conformity would pose an unnecessary hardship of land and waiver would not be contrary to the spirit and intent of the regulations because: _____

or

(2) Specific circumstances relative to the (subdivision/bla/site plan review), or conditions of the land in such (subdivision/site plan review), indicate that the waiver will properly carry out the spirit and intent of the regulations because: _____

Respectfully submitted: _____
(Applicant Signature) (Applicant Printed Name)

Date: _____
(Date)