CHECKLIST FOR SUBDIVISION APPROVAL
Or
BOUNDARY LINE ADJUSTMENT

Please mark with an (X) 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”. Failure to follow these instructions may result in your application being declared incomplete.

☐ Completed Application with signatures and date.
☐ Copy of the Deed
☐ Proof of Taxes Paid
☐ Abutters’ list with current mailing addresses for any property within 200 feet:
☐ Fees paid per Fee Schedule and payable to the Town of Ossipee. Mylar and L-Chip are payable to the Carroll County Registry of Deeds.
☐ Five (5) large (not to exceed 24 x 36) copies of appropriate plans, (1) Mylar for recording and (10) 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):
☐ Proof of ownership or lessee’s authorization or owner’s signature for agent authorization.
☐ Identify the Zoning District of the property.
☐ If lot is smaller than 5 acres and subdivided since 1967, state subdivision approval is needed.
☐ Flood Plain (FEMA map OZO p.6)
☐ Wetland Impact Study, if needed.
☐ Wetlands (OZO p.39-42), water courses or standing water identified with easement, DES permits if needed.
☐ Send copy of plan to Electric Company.
☐ Fire Department approval in writing (i.e. fire lane, turning radius). Take a copy of your plan to the Fire Chief in a timely manner for his comments. The Fire Chief will see if an additional water supply is necessary in your subdivision for fighting fires.
☐ Show and identify any deed restriction, easement, utility right-of-way, etc.
☐ Soil type (OZO p.77 also Carroll County Soil Survey); Drainage (OZO p.15 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.
☐ Curb cut; state road--required from NH DOT; Town Road, contact Ossipee Public Works Director (603-539-4181) to insure safe access to highway.

☐ Evidence of well and septic approval (OZO p.3) and contact DES Subsurface (603-271-3501). Show location of test pits. Check with Ossipee Water and Sewer Department, if the property is on Town Water and/or Sewer.

☐ Topographic contours: (5 foot intervals, 200 feet beyond the Boundary, grading not to exceed 2:1).

☐ Existing and proposed streets or roads.

☐ Open Space, green space, public space.

☐ Do you need to file an Intent to Excavate? (Moving 1,000 yards of earth or more)

☐ 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: ________________________________
APPLICATION FOR SUBDIVISION APPROVAL
Or
BOUNDARY LINE ADJUSTMENT

Owner Name: _______________________________________ Map: ______  Lot: ______
Address of Property: __________________________________ Book: ______  Page: ______
Owner Mailing Address: ___________________________________________ Phone: ______
Email Address: __________________________________________________

For BLA:
Owner Name: _______________________________________ Map: ______  Lot: ______
Address of Property: __________________________________ Book: ______  Page: ______
Owner Mailing Address: ___________________________________________ Phone: ______
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: __________________________________________________

Proposed Subdivision Name: _______________________ Number of Lots: ______

Check One:
☐ Preliminary Application
☐ Final completed Application

Check One:
☐ Subdivision
☐ Boundary Line Adjustment
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 and as shown and intended by said plat, including a work made necessary by unforeseen conditions which become apparent during construction.

2. To make no changes whatsoever in the Final Plat as approved by the Board unless a revised plan of re-subdivision is submitted to and approved by the Board.

3. That the above named individual(s) is/are appointed my/our duly authorized agent to act in the owner’s behalf in all matters pertaining to subdivision approved 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.

Send all correspondence to: Ossipee Town Hall Offices
c/o Ossipee Planning Board
PO Box 67, 55 Main Street
Center Ossipee, NH 03814
ATTACHMENT I

Planning Board Signature Block example:

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

Date: __________________________
Chairman: ______________________
Vice-Chairman: __________________