



**Town of Gilmanton, New Hampshire  
Planning Board  
Academy Building  
503 Province Road  
PO Box 550**

**Gilmanton, New Hampshire 03237**

**planning@gilmantonnh.org**

**603.267-6700 ex 122 –Phone 603.267.6701 –Fax**

**Bre Daigneault, Planning Admin.  
Mark Fougere, Certif. Planner  
C. Roy Buttrick, Chair  
Bill Mahoney, Vice-chair  
Mark Warren, Select Rep.  
Brett Currier, Member  
Vincenzo Sisti, Member  
Jake Dalzell, Member  
Marty Martindale, Member**

**Conditional Use Permit Application**

**Addendum to Site Plan Review**

**DATE RECEIVED:** \_\_\_\_\_

APPLICATION MUST BE TYPED OR PRINTED LEGIBLY IN PEN

**M/L:** \_\_\_\_\_

**I. Applicant and Owner Information**

**Name of Applicant:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address of Applicant:** \_\_\_\_\_  
(Street/PO Box) (Town/City) (State) (Zip Code)

**Property Owner:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
(If different from Applicant)

**Email:** \_\_\_\_\_

**Property Owner Address:** \_\_\_\_\_  
(Street/PO Box) (Town/City) (State) (Zip Code)

**II. Property Information**

**Tax Map:** \_\_\_\_/ **Lot #:** \_\_\_\_ **Zoning District:** \_\_\_\_ **Overlay District:** \_\_\_\_

**Address of Property:** \_\_\_\_\_  
(Street/PO Box) (Town/City) (State) (Zip Code)

**Existing Use of Property:** \_\_\_\_\_

**Type of Conditional Use Permit:**

<input type="checkbox"/> Child Care Facility	<input type="checkbox"/> Cottage Industry	<input type="checkbox"/> Offices (2,000 sq ft or less)
<input type="checkbox"/> Retail Business	<input type="checkbox"/> Service Business	<input type="checkbox"/> Kennel
<input type="checkbox"/> Dwelling (Two-Family)	<input type="checkbox"/> Dwelling (Multi-Family / New Construction)	<input type="checkbox"/> Dwelling (Multi-Family / Interior Alterations)
<input type="checkbox"/> Kennel	<input type="checkbox"/> Wireless Telecommunications Facilities	

**Describe proposed use or activity that requires Conditional Use Permit consideration and describe any impacts:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Land Agent Prepared Plans:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
(Street/PO Box) (Town/City) (State) (Zip Code)

**Professional License #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Conditional Use Permit Application Continued*

**It is the burden of the Applicant/Owner/Land Agent/Legal Representation to prove that the proposed use will comply with the following:**

1. The proposed use(s) is/are consistent with the adopted Master Plan.
2. The specific site is in an appropriate location and of adequate size for the use.
3. The use, as developed, will not adversely affect the character of the area in which the proposed use will be located.
4. There will be no nuisance or serious hazard to vehicles or pedestrians.
5. The use will not place excessive or undue burden on Town services and facilities.
6. There would be no significant effect resulting from such use upon the public health, safety and general welfare of the neighborhood in which the use would be located.

**III. Authorization to Enter Subject Property**

I/We hereby authorize members of the Gilmanton Planning Board, Planning Department, Conservation Commission and other pertinent Town Departments and boards to enter my property for the purpose of evaluating this application, including performing inspections during the application phase, post-approval phase, construction phase and occupancy phase. It is understood that these individuals must use all reasonable care, courtesy, and diligence when on the property.

**Signature of Property Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(ALL Owners of Record Must Sign the Application)

\_\_\_\_\_ **Date:** \_\_\_\_\_

**IV. Signatures**

I/We hereby submit this application to the Town of Gilmanton Planning Board and attest that to the best of my/our knowledge all of the information on the application form and in the accompanying application materials and documentations is true and accurate. As applicant or as agent, I attest that I am duly authorized to act in this capacity.

**Signature of Property Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(ALL Property Owners of Record Must Sign the Application)

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If Different from Owner)

**Signature of Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Page 3; List of Abutters attached)

**TOWN OF GILMANTON CONDITIONAL USE PERMIT  
LIST OF ABUTTERS**

Pursuant to RSA 676:4; the applicant must provide all abutter information as indicated in the town records not more than 5 days before the day of filing.

(**ABUTTER** is the owner of record of a parcel of land located in New Hampshire and that adjoins or is directly across the street or stream from the land under consideration. For a condominium or other collective form of ownership, abutter means the officers of the collective or association.)

**Owner:**

TAX MAP	LOT #	PROPERTY OWNER	MAILING ADDRESS

**Applicant: (if different from owner)**

TAX MAP	LOT #	APPLICANT	MAILING ADDRESS

**Land Agent: Surveyor/Engineer/Wetland Scientist**

NAME	COMPANY	MAILING ADDRESS

**Conservation Easement Holders:**

TAX MAP	LOT #	NAME OF THE EASEMENT HOLDER	MAILING ADDRESS

**Abutters:**

TAX MAP	LOT #	OWNER OF RECORD	MAILING ADDRESS