

**APPLICATION FOR A CONDITIONAL USE PERMIT
TOWN OF FREMONT, N.H.**

Name of Applicant(s): _____

Address: _____

Owner(s) of Property concerned: _____
(If same as above, write "same")

Mailing Address: _____
(If same as above, write "same")

Contact information: _____

Location of Property: _____
(Map #, Lot # and Street Address)

ZONING INFORMATION

Zoning District of Property: _____

Conditional Use Permit Required: Yes _____ No _____

Is the property in the Aquifer Protection District? Yes _____ No _____

Is the property in the Flood Zone? Yes _____ No _____

CONDITIONAL USE PERMIT - GIVE A BRIEF DESCRIPTION OF THE PROJECT

"I hereby authorize the Fremont Planning Board and its agents to access my land for the purpose of reviewing this plan, performing road inspections and any other inspections deemed necessary by the Board or its agents, to insure conformance of the on-site improvements with the approved plan and all Town of Fremont ordinances and regulations."

Date

Owner's Signature

CHECK LIST FOR PREPARING CONDITIONAL USE PERMIT APPLICATION
THIS CHECKLIST FORM MUST ACCOMPANY EACH APPLICATION
(signed by the actual owner)

(Processing of this application will be significantly delayed if it is not complete)

- _____ Six (6) full size and eight (8) 11" x 17" sets of plans; at least two (2) of the full size plans will be colored = see appendix "C" of the Subdivision Regulations.
- _____ Copy of this "Checklist for Preparing Conditional Use Application" signed by the owner or legal representative.
- _____ **A typed current abutters list** (checked at the Town Office not longer than ten (10) days prior to submission)
- _____ **The proper check amount**
\$100.00 for the fee
\$115.00 for the advertising (no newspaper advertising)
\$ 12.59 per abutter (\$6.00 plus current postage) The Abutters list shall include the actual owner, anyone whose stamp or seal appears on the plan, anyone whose property physically abuts or is directly across a street or river from the subject property)
(see NH RSA 672:3)
- _____ **I do hereby certify that this application for a Conditional Use Permit meets all Fremont Zoning Regulation requirements.**
- _____ **I do hereby agree that I am responsible for all costs for all consulting costs regarding this Plan Review.**
- _____ **A copy of the plan has been submitted to the Rockingham Planning Commission.**

signature:

The application, including this checklist sheet signed by the actual owner, must be sent via certified mail to:

FREMONT PLANNING BOARD
P.O. Box 120
Fremont, New Hampshire 03044