



TOWN OF
PETERBOROUGH

PLANNING BOARD
APPLICATION

DO NOT WRITE IN THIS SPACE

Date Application Received: _____

Date Fees Paid: _____

Clerk: _____

Case Number: _____

**CONDITIONAL
USE/SPECIAL
PERMIT
APPLICATION**

Office of Planning & Building

1 Grove Street

Peterborough, NH 03458

Office: (603) 924-8000 ext. 104

Fax: (603) 924-8001

Email: ocd@townofpeterborough.gov

Web Site: www.townofpeterborough.gov

INSTRUCTIONS FOR SUBMITTING A COMPLETE APPLICATION

1. Conditional Use or Special Permits are required for the following uses:
 - a. Modification of Performance Standards spelled out in §245-10, §245-10.1, and §245-10.2.
 - b. Streets, roads, access ways, driveways, and utility rights-of-way or easements within the Wetland Protection Overlay Zone and Shoreland Conservation Zone.
 - c. Construction of accessory structures associated with and/or additions to legally pre-existing multi-family or non-residential primary structures within the Wetland Protection Overlay Zone and Shoreland Conservation Zone.
 - d. Bulk Fuel Storage.
 - e. Telecommunication Facilities.
 - f. Home-Based Businesses
2. The checklist that is included here applies only to #'s 1 (b) and (c) above. Please see Article IX of the Site Plan Review Regulations for additional information on applications for these uses.
3. Applications for #'s 1 (a), (d), or (e) may be filed concurrently with the site plan.
4. The Planning Board holds public hearings on the second Monday of each month. For submission deadlines, please contact the Office of Planning and Building at (603) 924-8000 ext 104 or ocd@peterboroughnh.gov.

Conditional Use Permit Application Fee

| | |
|---|-----------|
| BASE APPLICATION FEE | |
| <ul style="list-style-type: none"> • All new applications shall be charged a fee of two hundred dollars (\$200) | |
| ABUTTER FEES | |
| <ul style="list-style-type: none"> • Abutter notification is ten dollars (\$10) per abutter • Notification of all licensed professionals whose professional seal appears on any of the submittal documentation is ten dollars (\$10) per professional | |
| <i>TOTAL APPLICATION FEE</i> | \$ |

Please Indicate the Proposed Used:

- | | |
|--|---|
| <input type="checkbox"/> Subdivision using TNOZ-I | <input type="checkbox"/> Telecommunications Facilities |
| <input type="checkbox"/> Modification of Performance Standards | <input type="checkbox"/> Projects in the Wetlands Protection Overlay Zone |
| <input type="checkbox"/> Bulk Fuel Storage | <input type="checkbox"/> Telecommunications Facilities |
| <input type="checkbox"/> Agricultural Business Enterprises | <input type="checkbox"/> Bed & Breakfast |
| <input type="checkbox"/> Home-Based Businesses | |
| <input type="checkbox"/> Projects in the Shoreland Conservation Zone | |
-

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Property Owners Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Primary Contact: _____

Phone: _____ Email: _____

- Applicant Owner Attorney Surveyor/Engineer

Project Name: _____

Street Address: _____

Parcel ID Number(s): _____

Proposed Project (Please Be Specific):

Zoning Districts & Overlay Districts

Zoning Districts (check all that apply):

- Business/Industrial District
- Commercial District
- Commerce Park District
- Downtown Commercial District
- Family District
- General Residence District
- Monadnock Community Health Care District
- Office District
- Rural District
- Village Commercial District
- West Peterborough District
- Retirement Community District

Overlay Zones and Districts (check all that apply):

- Bulk Fuel Storage District
- Floodplain District
- Groundwater Protection Overlay Zone
- Rural Gateway Overlay Zone
- Shoreland Conservation Zone
- Traditional Neighborhood Overlay Zone I
- Wetland Protection Overlay Zone

AUTHORIZED SIGNATURES

I/We certify that this application is correctly and accurately completed in accordance with the Town of Peterborough's Zoning ordinance and the requirements of this application.

Applicant's Name Printed

Applicant's Signature

Date

I, the applicant or owner's duly authorized agent, do hereby submit this plan for review as required by the Town of Peterborough, New Hampshire. I agree to be fully responsible for payment of all fees, costs, and expenses incurred with respect to this application. I understand that if I am not the owner of the property named above, this application must be signed by the owner(s) of the property showing recognition and approval of the application and approval for the applicant/duly authorized agent to represent the owner(s) in this subdivision application. I further grant the Planning Board, Office of Planning & Building Staff, and authorized agents the right to enter the premises at reasonable times for the purpose of gathering additional information during the review process and inspections of the project during the construction phase.

Property Owner's Signature

Date

Property Owner's Signature

Date

*****If the application is not signed or have been changed in any manner, it will not be processed*****

APPLICATION CHECKLIST FOR WETLANDS PROTECTION OVERLAY ZONE

NOTE: This checklist is for purposes of administrative efficiency. It does not preclude the Board from requesting additional information if deemed necessary for making an informed decision.

| To be filled out by applicant | | <i>SUMISSION REQUIREMENTS</i> | To be filled out by Administration | | |
|--------------------------------------|---------------|---|---|---------------|--------|
| Submitted | Not Submitted | | Submitted | Not Submitted | Waived |
| | | A site plan, with four (4) copies, prepared by a person qualified to assess the functions and values of wetlands and should contain, at a minimum, the following: | | | |
| | | 1. Name, address, signature, license number and seal of the professional who prepared the plan. | | | |
| | | 2. North arrow and date. | | | |
| | | 3. The wetland limits and associated buffer. | | | |
| | | 4. Locus map with adjacent wetlands and other significant hydrological features. | | | |
| | | 5. Soil and vegetation types. | | | |
| | | 6. Topographic contours at no greater than 5-foot intervals. | | | |
| | | 7. Surface drainage patterns, intermittent and year-round. | | | |
| | | 8. Existing and proposed development, removal of vegetation, and alteration of the land surface. | | | |
| | | 9. Location of building envelope. | | | |
| | | 10. Computation of the area to be impacted, in square feet of surface area and cubic yards of cut and fill. | | | |
| | | Other: | | | |
| | | A report that documents compliance with the Performance Standards contained in Article IX of the Site Plan Review Regulations, Section 233-52, as applicable. | | | |