



COMMUNITY DEVELOPMENT DEPARTMENT

12 School Street
Hudson, NH 03051
(603)886-6005
www.hudsonnh.gov



Town of Hudson

REQUEST FOR ZONING and/or PLANNING INFORMATION / DETERMINATION

Date of request _____

Property Location _____

Map _____ Lot _____

Zoning District if known _____

Type of Request

- Zoning District Determination
- Use Determination
- Set-Back Requirements
- Process for Subdivision/ Site Plan if required
- Other

Description of request / determination: (Please attach all relevant documentation)

Applicant Contact Information:

Name: _____

Address: _____

Phone Number: _____

For Office use

ATTACHMENTS: TAX CARD GIS

NOTES: _____

ZONING DETERMINATION LETTER SENT DATE: _____