

# MINOR SITE PLAN APPLICATION

Revised August 2024

The following information must be filed with the Planning Department *at the time of filing a site plan application*:

- 1. One (1) original completed application with original signatures.
- 2. Five (5) 11" X 17" plan sets *folded*.
- 3. One (1) copy of the project narrative.
- 4. A list of direct abutters and a list of indirect abutters, and two (2) sets of mailing labels for abutter notifications.
- 5. One (1) 22" X 34" plan set *folded* shall be brought to the Special Site Review Committee Meeting.
- 6. All of the above application materials, including plans, shall also be submitted in electronic form as a PDF.
- 7. *All plans shall be folded* and all pertinent data shall be attached to the plans with an elastic band or other enclosure.

Note: Prior to filing an application, it is recommended to schedule an appointment with the Town Planner.

## MINOR SITE PLAN APPLICATION

Date of Application:	Tax Map #:	Lot #:
Site Address:		
Name of Project:		
Zoning District:	General MSP#:	
Z.B.A. Action:		(For Town Use Only)
PROPERTY OWNER:	<u>DEVELOPER:</u>	
Name:		
Address:		
Address:		
Telephone #		
Email:		
PROJECT ENGINEER:	<b>SURVEYOR:</b>	
Name:		
Address:		
Address:		
Telephone #		
Email:		
PURPOSE OF PLAN:		
(For To	own Use Only)	
Routing Date: Deadline Date: _	Meetin	g Date:
I have no commentsI h	ave comments (attach to	o form)
Title:	Date	e:
Department:		
Zoning: Engineering: Assessor: Pol	lice:Fire: DPW:	Consultant:

## MINOR SITE PLAN DATA SHEET

PLAN NAME:			
PLAN TYPE: <u>SITE PLAN</u>			
LEGAL DESCRIPTION: MAP		LOT	
DATE:			
Location by Street:			
Zoning:			
Proposed Land Use:			
Existing Use:			
Surrounding Land Use(s):			
Number of Lots Occupied:			
Existing Area Covered by Building:			
Existing Buildings to be removed:			
Proposed Area Covered by Building:			
Open Space Proposed:			
Open Space Required:			
Total Area:	S.F.:	Acres:	
Area in Wetland:		Area Steep Slope	es:
Required Lot Size:			
Existing Frontage:			
Required Frontage:			
Building Setbacks:	Required*		<u>Proposed</u>
Front: Side: Rear:			

# MINOR SITE PLAN DATA SHEET (Continued)

Flood Zone Reference:		_
Width of Driveways:		_
Number of Curb Cuts:		_
Proposed Parking Spaces:		_
Required Parking Spaces:		_
Basis of Required Parking (Use):		_
Dates/Case #/Description/Stipulations of ZBA, Conservation Commission, NH Wetlands Board Actions: (Attach stipulations on separate sheet)		_
Waiver Requests		_
Town Code Reference: Regu	ulation Description:	<u></u>
		_
		<del>_</del> <del>_</del>
		_
	(For Town Use Only)	
Data Sheets Checked By:	Date:	

#### MINOR SITE PLAN APPLICATION AUTHORIZATION

I hereby apply for *Minor Site Plan* Review and acknowledge I will comply with all of the Ordinances of the Town of Hudson, New Hampshire State Laws, as well as any stipulations of the Planning Board, in development and construction of this project. I understand that if any of the items listed under the *Minor Site Plan* specifications or application form are incomplete, the application will be considered rejected.

Pursuant to RSA 674:1-IV, the owner(s) by the filing of this application as indicated above, hereby given permission for any member of the Hudson Planning Board, the Town Planner, the Town Engineer, and such agents or employees of the Town or other persons as the Planning Board may authorize, to enter upon the property which is the subject of this application at all reasonable times for the purpose of such examinations, surveys, tests and inspections as may be appropriate. The owner(s) release(s) any claim to or right he/she (they) may now or hereafter possess against any of the above individuals as a result of any examinations, surveys, tests and/or inspections conducted on his/her (their) property in connection with this applications.

	Signature of Owner:	Date:
	Print Name of Owner:	
*	If other than an individual, indicate name of orga corporate officers.	anization and its principal owner, partners, or
	Signature of Developer:	Date:
	Print Name of Developer:	

The developer/individual in charge must have control over all project work and be available to the Code Enforcement Officer/Building Inspector during the construction phase of the project. The individual in charge of the project must notify the Code Enforcement Officer/Building Inspector within two (2) working days of any change.

## WAIVER REQUEST FORM

Name of Subdivision/Site Plans	:		
Street Address:			
Ι		hereby request that the Plant	anning Board
waive the requirements of item		of the Hudson Land Us	se Regulations
in reference to a plan presented	by		
	(name of surveyor	and engineer) dated	for
property tax map(s)	and lot(s)	in the Town of Hudson, NI	Н.
the provisions set forth in RSA	674:36, II (n), i.e., witho pon me (the applicant), a	ge that this waiver is requested in acc ut the Planning Board granting said wa and the granting of this waiver would n	aiver, it would
Hardship reason(s) for grantin documentation hereto):	g this waiver (if addition	onal space is needed please attach th	ne appropriate
		ng contrary to the spirit and intent of in the appropriate documentation heret	
	Signed:		
	Applican	t or Authorized Agent	

## **SCHEDULE OF FEES**

## A. <u>REVIEW FEES:</u>

B.

C.

1.	Minor Site Plan Use	Project Size/Fee		
	Multi-Family	\$105.00/unit for 3-50 units \$78.50/unit for each additional unit over 50	\$	
	Commercial/Semi Public/O	Civic or Recreational \$157.00/1,000 sq. ft. for first 100,000 sq.ft. (bldg. area): \$78.50/1,000 sq.ft. thereafter.	\$	
	Industrial	\$150.00/1,000 sq.ft for first 100,000 sq.ft. (bldg. area); \$78.50/1,000 sq.ft thereafter.	\$	
	No Buildings	\$30.00 per 1,000 sq.ft. of proposed developed area	\$	
<u>C(</u>	<u>)NSULTANT REVIEW F</u>	EE: (If Applicable - Separate Check)		
	Total acres @ whichever is greater.	\$600.00 per acre, or \$1,250.00,	\$	
	*	of consultant review. The fee is expected omplex project may require additional sy result in a refund.		
<u>LF</u>	EGAL FEE:			
	The applicant shall be chareview of any application p	arged attorney costs billed to the Town for the plan set documents.	Town's	attorney
<u>PC</u>	OSTAGE:			
		icant, Professionals, etc. as required 5.58 (or Current Certified Mail Rate)	\$	
	Indirect Abutters (prop @\$0.73 (or Current I	perty owners within 200 feet) First Class Rate)	\$	
<u>TA</u>	X MAP UPDATING FEE	E: (FLAT FEE if Applicable)	\$	275.00
		TOTAL	\$	

#### **SCHEDULE OF FEES**

(Continued)

(For Town Use)			
AMOUNT RECEIVED: \$	DATE RECEIVED:		
RECEIPT NO.:	RECEIVED BY:		

NOTE: fees below apply only upon plan approval, not collected at time of application.

#### F. RECORDING FEES:

\*\*\*The applicant shall be responsible for the recording of the approved plan, and all documents as required by an approval, at the Hillsborough County Registry of Deeds (HCRD), located at 19 Temple Street, Nashua, NH 03061. Additional fees associated with recording can be found at HCRD.\*\*\*

# G. <u>COST ALLOCATION PROCEDURE AMOUNT CONTRIBUTION AND OTHER</u> IMPACT FEE PAYMENTS:

To be determined by the Planning Board at time of plan approval and shall be paid by the applicant at the time of submittal of the Certificate of Occupancy Permit requests.

\*\*\*The applicant shall be responsible for all fees incurred by the town for processing and review of the applicant's application, plan and related materials.\*\*\*