



**Planning Board  
SPECIAL USE PERMIT APPLICATION  
Abutters List Must Accompany This Application**

**I.**

Application Received By:		Scheduled Planning Board Meeting Date:		Case #:
Application Fee:		Date Submitted:	Tax Map:	Lot:
Legal Notice Fee:				Zone:
# of Abutters @\$4/each				
Total Due:		Date Paid:	Ck#	

**II.**

<b>Applicant:</b>		
Name:	Address:	Telephone:
<b>Applicant's Agent:</b>		
Name:	Address:	Telephone:

**III.**

<b>Present Property Owner:</b> <i>(All applications must be signed by owner of record or by the agent authorized in writing by the owner to sign on his/her behalf.)</i>		
A. Name:	Address:	Telephone:
<b>Location of Proposed Project:</b>		
Address:		
<b>B. Describe in Detail All the EXISTING Uses of Subject Property:</b>		
Existing Uses (indicate separate uses by square footage of floor area): _____ _____ _____		
<b>C. Describe in Detail Reason for Special Use Permit:</b>		
Proposed Uses, zoning requirements, etc.: _____ _____ _____		
<b>D. Describe in Detail the Compatibility with and Impact on Abutting Uses and the Surrounding Neighborhood:</b>		
_____ _____ _____		

**E. Complete the Following General Data Outline:**

- a) Zoning District: \_\_\_\_\_
- b) Square footage of new construction or re-development (all floors) \_\_\_\_\_
- c) Deed covenants of rights-of-way \_\_\_\_\_
- d) Public and Private easements existing \_\_\_\_\_
- e) Present traffic volume on adjacent major streets, number of cars/day \_\_\_\_\_
- f) Proposed projected number of car movements per day onto and off of property \_\_\_\_\_

g) Total number of employees (if applicable) \_\_\_\_\_, number of shifts \_\_\_\_\_  
 h) Total parking spaces provided \_\_\_\_\_

**F. Additional Considerations:**

- a) Public water.....
- b) Public sewer .....
- c) Private septic tank .....
- d) Sidewalks .....
- e) Fire hydrants .....
- f) Street signs .....
- g) Handicapped accessibility .....
- h) Does the proposed plan meet all zoning requirements? .....
- i) Is the proposed site in a flood plain? .....
- j) Has proposal received site plan approval? .....

<b>Existing</b> (Yes or No)	<b>Proposed</b> (Yes or No)

**G. Describe Briefly Your Response to Each of the Following Conditions:**

1. Describe the proposed degree of renovation, if any:
2. Describe the location’s appropriateness for the proposed development or conversion:
3. Describe the impact on vehicular and pedestrian safety:
4. Describe the provisions for availability of adequate parking
5. Describe the provision of appropriate related services and facilities:
6. Describe the consistency with the intent and spirit of Claremont’s Master Plan:
7. Describe the adequacy of transportation, handicapped accessibility and provision of water and sewerage (if City water and/or sewer is not available).
8. List any other criteria as may be appropriate based on the specific nature of the application:

**The planning board may require such additional other information as it deems necessary.**

**Desired Review Phase:**

<b>Discussion Only:</b>		<b>Meeting Date:</b>	
<b>Preliminary Review:</b>		<b>Workshop:</b>	
<b>Final Review:</b>		<b>Date:</b>	

**Statement of Assurance:**

I hereby certify that to the best of my knowledge the information on this form is valid and there is no violations of the approval ordinances, codes, and/or regulations of the City of Claremont and that I will provide, if required, a performance guarantee or other acceptable security to the City of Claremont before I or my associates make application for a Building Permit or begin construction, and that I shall provide as-built, sewer and water maps to the City Planning and Development Office before I request return of the security or before issuance of a Certificate of Occupancy. I agree to pay all direct engineering costs incurred by the city as a result of review of this project. Such costs may be above and beyond initial application fees. I agree to grant to the City of Claremont and its agents permission to enter upon this property for the purposes of inspection regarding this application.

\_\_\_\_\_  
**Signature of Developer or Authorized Agent**

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

**STATUS OF OTHER REQUIRED PERMITS**

<b>Building Permit(s)</b>	<b>Zoning</b>	<b>Department of Public Works</b>
<input type="checkbox"/> Issued - Permit #: _____ <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Approval Date: _____ <input type="checkbox"/> Conditions: _____ <input type="checkbox"/> Denied <input type="checkbox"/> N/A	<input type="checkbox"/> Issued - Permit #: _____ <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A
<b>Certificate of Appropriateness</b>	<b>State Permit(s)</b>	<b>Other</b>
<input type="checkbox"/> Approval Date: _____ <input type="checkbox"/> Conditions: _____ <input type="checkbox"/> Denied <input type="checkbox"/> N/A	<input type="checkbox"/> Permit #(s): _____ <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Issued - Permit #: _____ <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A

**Please Note:**

***New Material.*** Any information pertaining to a matter and not submitted at the time of the application for review of a matter by the Board ***must be submitted to the Planning and Development Department no less than 10 days prior to the Board meeting at which the matter will be heard.*** Failure to submit such additional information may result in the additional information not being considered at the meeting at which the matter is to be heard.



## ABUTTERS LIST

The abutter list shall identify:

- All properties adjoining or directly across the street or water body from the property in question.
- Where the subject property is near a river or stream the applicant shall identify the nearest upstream dam, if any, and include the upstream dam owner and the NHDES Dam Bureau.
- For properties abutting a municipal boundary, the applicant shall list all abutting land owners in that neighboring municipality.
- The officers of a collective or association in the case of an abutting property being under a condominium or other collective form of ownership
- The manufactured housing park owner and tenants who own manufactured housing abutting the property in question.

For identifying abutting properties, refer to the City's GIS program at <http://www.claremontnh.com/economic-development-and-business/gis-mapping.aspx>

The City tax maps are the accepted authority for map and lot numbers, but they may not show the current record owner information. For accurate, current ownership and mailing address information, contact the Assessors' Office at 542-7004.

### Applicant Information:

Printed Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

### Owner/Agent Information

*(\$4 fee per abutter including owner and agent)*

<b>Map:</b>	<b>Lot:</b>		<b>Name:</b>	<b>Address:</b>
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### Abutter(s) Information

<b>Map:</b>	<b>Lot:</b>		<b>Name:</b>	<b>Address:</b>
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<b>Map:</b>	<b>Lot:</b>		<b>Name:</b>	<b>Address:</b>

**Owner/Agent Information**

<b>Map:</b>	<b>Lot:</b>	<b>Name:</b>	<b>Address:</b>
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**Easement Holders, Engineers, Architects, Surveyors, & Soil Scientists Information**

<b>Name:</b>	<b>Address:</b>
<b>Name:</b>	<b>Address:</b>
<b>Name:</b>	<b>Address:</b>
<b>Name:</b>	<b>Address:</b>
<b>Name:</b>	<b>Address:</b>
<b>Name:</b>	<b>Address:</b>
<b>Name:</b>	<b>Address:</b>

I, the undersigned \_\_\_\_\_, certify that to the best of my knowledge, the above is an accurate and complete abutters list.

\_\_\_\_\_  
**Applicant Signature**

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