



Planning and Development
14 North Street, Claremont, NH 03743
PH: (603) 542-7008
Fax: (603) 542-7033
Visitor@claremontnh.com

*Fee: \$25 plus cost of recording fees
(\$12 per page)

Voluntary Lot Merger Form
(RSA 674:39-a)

The undersigned, with an address at _____ being the owner (s) of
certain lots or parcels of land situated in the City of Claremont, in the County of Sullivan, and State of New Hampshire, as
described below, hereby apply to the Claremont Planning Board for the merger of said lots into a single lot of record, to be
known as Map _____, Lot _____ hereafter in accordance with the provisions of RSA 674:39-a.

It is my/our understanding that:

- A. The name of the record owner(s) must be identical for all parcels to be merged;
B. The newly merged tract of land will be treated as a single lot for all purposes, including taxation;
C. This merger shall bind the undersigned owner(s), and their heirs, successors and assigns, and shall be recorded
forthwith in the Sullivan County Registry of Deeds; and,
D. The said parcels of land cannot be separately sold, alienated or conveyed without a lawful subdivision as required
by the statutes of New Hampshire and the ordinances of the City of Claremont.

It is a condition of this application that each of the parcels described shall:

- A. Not be subject to liens or mortgages; or
B. Any such liens or mortgages shall apply equally to all parcels submitted; and
C. All real estate taxes for all parcels shall be current as of the date of the application.

Description of Lots to be merged:

Lot #1: Land known as Claremont Assessor's Map _____ Lot _____ acquired by deed(s) dated _____ and
recorded at Sullivan County Registry of Deeds in Book _____ Page _____.

Lot #2: Land known as Claremont Assessor's Map _____ Lot _____ acquired by deed(s) dated _____ and
recorded at Sullivan County Registry of Deeds in Book _____ Page _____.

Lot #3: Land known as Claremont Assessor's Map _____ Lot _____ acquired by deed(s) dated _____ and
recorded at Sullivan County Registry of Deeds in Book _____ Page _____.

I (we) hereby understand and certify compliance with all conditions required for the merger for the parcels as described.

Signed this _____ day of _____ in the year _____.

Print Name (Owner of Record)

(Owner) Signature

Print Name (Owner of Record)

(Owner) Signature

Applicant/Owner Address

This application for merger creates no violations of current ordinances or regulations and is hereby accepted by the City of
Claremont on this _____ day of _____, _____.

City Planner / Zoning Administrator

Received (date) _____ Paid (amount) _____ Check # _____ 10/18/2017