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_____.

City Manager_____ _____
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