



# SUBDIVISION APPLICATION

## Town of Raymond NH

Map # \_\_\_\_\_ Lot # \_\_\_\_\_ Application Date \_\_\_\_\_ Application # \_\_\_\_\_

Project Name: \_\_\_\_\_

Location: \_\_\_\_\_

Project Description: \_\_\_\_\_

Zone: \_\_\_ New Industrial / Commercial Square Footage: \_\_\_ or Number of Residential Units: \_\_\_

**Applicant/Agent Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Signed\*: \_\_\_\_\_ Date: \_\_\_\_\_

***\*Requires notarized letter of permission.***

*By signing this application, you are agreeing to all rules and regulations of the Town of Raymond, and are agreeing to allow agents of the Town of Raymond to conduct inspections, during normal business hours to ensure compliance with all Raymond Zoning and Site Review regulations while your application is under consideration and during any construction and operational phases after approval is granted.*

**Owner Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Designers of Record:**

Engineer: \_\_\_\_\_

Surveyor: \_\_\_\_\_

Soil Scientist: \_\_\_\_\_

Landscape Architect: \_\_\_\_\_

**Fees: See Attached Fee Schedule**

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FOR OFFICE USE ONLY

Date Application Received: \_\_\_\_\_ Total Fees Collected with Application: \$ \_\_\_\_\_ *Abutters*

List Received: \_\_\_\_\_ Check List Received: \_\_\_\_\_

PB Hearing Date: \_\_\_\_\_ Notice Date: \_\_\_\_\_

PB Application Acceptance Date: \_\_\_\_\_