

PLANNING BOARD

Town of Newport

www.newportnh.net

Telephone (603) 863-6278

Fax (603) 863-8008

Case No. _____
Application Fee: _____
Date Paid: _____
Received By: _____

APPLICATION FOR SUBDIVISION PLAT

Type of Request:

Tax Map _____ Lot # _____
Zoning District _____

____ Annexation Date
____ Informational Date
____ Preliminary Date
____ Final Date

1. Subdivision Name: _____

2. Subdivision Location: _____

3. Owner of Record:

Name: _____

Address: _____

Phone: _____

Email: _____

4. Has an agent been appointed to represent the owner? YES () NO ()

5. Agent: Name (To be one individual): _____

Address: _____

Phone: _____

Email: _____

6. Have the conditions required for Final Plat application been met in their entirety?
YES () NO ()

If not, indicate all exceptions requested (attach additional sheets if necessary):

7. Number of lots for final approval: _____
8. Type of Subdivision: (3 lots or under is a minor subdivision)
Minor () Major ()
9. Are there any zoning restrictions? YES () NO ()
- If yes, indicate all restrictions (attach additional sheets if necessary):

10. Names and addresses of all abutters indicated in Town records within fifteen days prior to filing this application. (Use separate sheet).
11. List all maps and other material accompanying this application and the number of each:
- a. _____ Film copies of the plat
 - b. _____ Black/blue on white prints
 - c. _____ Construction detail sheets
 - d. _____
 - e. _____
12. Applicant proposes to: _____

13. Agreed date of submission to the Board: _____
(See subdivision regulations for definition)
14. Agreed date of Public Hearing: Preliminary _____
Final _____
15. The undersigned hereby requests approval by the Planning Board of the above identified subdivision plat.
- Signature (Owner): _____
- Date: _____