



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: _____ Email: _____

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: _____ Email: _____

Address: _____

Signed: _____ Date: _____

Designers of Record:

Engineer: _____

Surveyor: _____

Soil Scientist: _____

Landscape Architect: _____

Fees: See Attached Fee Schedule

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: _____