

**TOWN OF AUBURN  
APPLICATION FORM FOR LOT LINE ADJUSTMENT**

Map and Lot No. \_\_\_\_\_

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

1. Name and Address of Applicant(s):

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

Business Telephone Number: \_\_\_\_\_

Other Telephone Number: \_\_\_\_\_

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

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

2. Name and Address of Owner of Record (if other than Applicant) Note: List all persons with 10% or greater interest in the subdivision.: \_\_\_\_\_  
\_\_\_\_\_

3. Name and Address of Licensed Land Surveyor: \_\_\_\_\_  
\_\_\_\_\_

4. Name and Address of any holders of conservation, preservation or agricultural preservation restrictions: \_\_\_\_\_  
\_\_\_\_\_

5. Location of Proposed Lot Line Adjustment:

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

Tax Map & Lot #: \_\_\_\_\_

Number of total acres in parcel(s): \_\_\_\_\_

6. Intended use: \_\_\_\_\_  
\_\_\_\_\_

7. Payment to the Town of Auburn of the following Application Fees:

a. Application Fee: \_\_\_\_\_

b. Abutter and other Notices: (\$\_.\_\_ per notice): \_\_\_\_\_

c. Recording Fee: \_\_\_\_\_

d. Other Fees: \_\_\_\_\_

**Total Application Fees:** \_\_\_\_\_

8. Additional Required Information

Name of Subdivision: \_\_\_\_\_

Date Application Form Received: \_\_\_\_\_

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

Abutting Property Owners (with addresses):

_____	_____
_____	_____
_____	_____
_____	_____

Owner within 200-ft of perimeter boundary of subdivision (with addresses):

_____
_____
_____

Owner with 10% or more interest, address, telephone number, deed reference:

_____
_____
_____

Number of lots: \_\_\_\_\_

Type of Sewage Disposal: \_\_\_\_\_

Type of Water Supply: \_\_\_\_\_

Submission Items: Sketch Plan: \_\_\_\_\_ Vicinity Map: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

### CERTIFICATIONS

The undersigned applicant hereby submits to the Auburn Planning Board a subdivision plat entitled: \_\_\_\_\_ and respectfully requests its approval of said plat. In consideration for approval and the privileges accruing thereto, the applicant hereby agrees:

1. To permit the Town Planning Board, its Engineer, or other agent to conduct a site visit of the subdivision.
2. To carry out the improvements agreed upon and as shown and intended by said plat, including any work made necessary by unforeseen conditions which become apparent during construction.
3. To post all streets "Private" until accepted by the Town and to provide and install standard street signs as approved by the State of NH and the Town for all street intersections.
4. To give the Town on demand, proper deeds for land or rights-of-way reserved on the plat for streets, drainage or other purposes as agreed upon.
5. To save the Town harmless from any obligation it may incur, or repairs it may make, because of failure to carry out any of the foregoing provisions.
6. To make no changes whatsoever in the Final Plat as approved by the Board unless a revised plat or a plat of re-subdivision is submitted to and approved by the Board.
7. Mr./Mrs. \_\_\_\_\_ of \_\_\_\_\_ is hereby designated as the person to whom all communications to the applicant may be addressed and the person on whom legal process may be served in connection with any proceedings arising out of the agreement herein.

The undersigned certifies that this application is correctly completed with all required attachments in accord with the Town of Auburn Subdivision Regulations and Zoning Ordinance. The undersigned covenants to pay all costs for engineering or other professional services incurred by the Planning Board or the Town in the review, approval and inspection process associated with this application.

Applicant (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Owner (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Please Submit this Application Form in Duplicate.

### PRELIMINARY DESIGN INFORMATION

Application Received \_\_\_\_\_ By \_\_\_\_\_  
Maps And Supporting Data Received \_\_\_\_\_ By \_\_\_\_\_  
Fee Received \_\_\_\_\_ By \_\_\_\_\_ Amount \_\_\_\_\_

### FINAL PLAT INFORMATION

Application Received \_\_\_\_\_ By \_\_\_\_\_  
Maps And Supporting Data Received \_\_\_\_\_ By \_\_\_\_\_  
All State Approvals Received \_\_\_\_\_ By \_\_\_\_\_

### Lot Line Adjustment Checklist:

_____ Name of Subdivision	_____ Subdivisions and Buildings 100-ft Away
_____ Name of Owner	_____ Roads and Drives 200-ft Away
_____ North Arrow	_____ Buildings to Remain
_____ Bar Scale	_____ Proposed Public Land
_____ Date	_____ Existing and Proposed Street Right-of-way
_____ Area of Site	_____ Street Names
_____ Parcel Boundary	_____ Lot lines, Proposed Areas and Numbers
_____ Abutting Owners	_____ Future Subdivisions
_____ Setback Lines	_____ Topographic Contours
_____ Easements	_____ Water Mains and Other Utilities
_____ Open Space (acreage noted)	_____ Sanitary Sewers or Percolation Test Location
_____ Watercourses	_____ Drainage System
_____ Natural Features	_____ Location of Soils and Groundwater Test Pits
_____ Zoning District(s)	_____ Flood Limit Lines (100 year flood)
_____ Soil Types and Soil Boundaries	_____ Lot Dimensions
_____ Vicinity Map	_____ Lot Areas
_____ Proposed and Existing Monuments	_____ Lot Numbering
_____ Existing and proposed Street Right-of-way	_____ Legal Descriptions of Easements or Other
_____ Widths	_____ Restrictions
_____ Setback Lines	_____ Stations
_____ Topographic Contours (final)	_____ Radii
_____ Water Mains and Other Utilities (final	_____ Curve Data
_____ engineering form)	_____ Pavement Widths
_____ Sanitary Sewers (final engineering form)	_____ Monument Locations
_____ Drainage System (final engineering form)	_____ Surety Arrangements
_____ Seal of Engineer	
_____ Seal of Surveyor	
_____ Bearings And Distances	

**Local And State Approvals And Permits if Required:**

_____ Zoning Board of Adjustment Approval,	Date_____
_____ Water Supply and Pollution Control Subdivision Approval,	Date_____
_____ Dredge and Fill,	Date_____
_____ Sewage Disposal,	Date_____
_____ Other Studies,	Date_____
_____ Planning Board Site Visit,	Date_____
_____ Town Engineer Site Visit,	Date_____
_____ Fish and Game Department,	Date_____
_____ Health and Welfare: Division of Public Health,	Date_____
_____ Water Resources Board Approval,	Date_____

\*\*\*Any Other Information the Planning Board Deems Necessary to Complete its Review.