



# TOWN OF GRANTHAM NEW HAMPSHIRE

PLANNING BOARD  
300 Route 10 South, Grantham, NH 03753  
Phone: 603-863-6021  
www.granthamnh.net

## BOUNDARY LINE ADJUSTMENT APPLICATION

Please fill in all requested information and submit to the Town Office.

Applicant \_\_\_\_\_ Telephone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Map & Lot # \_\_\_\_\_  
\_\_\_\_\_

Other Landowner \_\_\_\_\_ Telephone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Map & Lot # \_\_\_\_\_  
\_\_\_\_\_

Agent \_\_\_\_\_ Telephone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Size of all parcels involved in this Boundary Line Adjustment:

Original Acreage	+/- Adjustment	Final Acreage	Owner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned hereby requests an opportunity to consult and review the above identified Boundary Line Adjustment Proposal with the Grantham Planning Board.

\_\_\_\_\_  
*PROPERTY OWNER SIGNATURE* \_\_\_\_\_ *DATE*

**NOTE: IF, AS OWNER, YOU WISH TO DESIGNATE AN AGENT TO ACT ON YOUR BEHALF, PLEASE READ THE FOLLOWING AND SIGN BELOW:** I hereby designate the person listed above as my agent for the purpose of procuring the necessary local permits for the proposed work as described herein. Representations made by my agent may be accepted as though made by me personally, and I understand that I am bound by any official decision made on the basis of such representation.

\_\_\_\_\_  
*PROPERTY OWNER SIGNATURE* \_\_\_\_\_ *DATE*

**(For Planning Board Use ONLY)**      *Date Rec'd:* \_\_\_\_\_ *Fee Paid \$* \_\_\_\_\_ *Initials* \_\_\_\_\_

Conditions for approval: \_\_\_\_\_

Board Action:      \_\_\_\_\_ APPROVED      \_\_\_\_\_ DENIED

Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Town of Grantham**  
**Checklist for Boundary Line Adjustment**  
(See Section 2.15 of the Subdivision Regulations)

***THIS CHECKLIST MUST BE ATTACHED TO THE APPLICATION.***

\_\_\_\_\_ Application should be typed or neatly printed in black ink or blue ink.

\_\_\_\_\_ Please provide a brief explanation why this Boundary Line Adjustment is necessary.

\_\_\_\_\_ LAYOUT: The Layout may be drawn in pencil, and eight (8) paper print copies submitted. Dimensions may be approximate; the data may be tentative, but shall be sufficiently clear to illustrate all conditions and establish the basis and clarify the design requirements for the final plat. Maps shall be at a scale of no more than one hundred (100) feet per inch unless otherwise specified by the Board.

\_\_\_\_\_ MYLAR Drawing 22 x 34 ( preferred ) or 17 x 22

\_\_\_\_\_ Name of town (3.05a)

\_\_\_\_\_ Name & address of owner and agent (3.05a)

\_\_\_\_\_ Boundaries & area of the entire parcel (3.05b)

\_\_\_\_\_ North point (3.05b)

\_\_\_\_\_ Bar Scale (3.05b)

\_\_\_\_\_ Original date and revision dates (3.05b)

\_\_\_\_\_ Names and addresses of abutters (3.05c)

\_\_\_\_\_ Subdivisions & buildings within 200' of the land (3.05c)

\_\_\_\_\_ Intersection roads & driveways within 200' of the land (3.05c)

\_\_\_\_\_ Existing & proposed street right-of-way lines (3.05d)

\_\_\_\_\_ Street profiles (3.05d)

\_\_\_\_\_ Width of streets (3.05d)

\_\_\_\_\_ Proposed names of new streets (3.05d)

\_\_\_\_\_ Existing and proposed lot lines with angles & dimensions (3.05d)

The location of each of the following—existing or proposed (3.05e):

_____ Easements	_____ Deed restrictions
_____ Existing buildings, when applicable	_____ Accessory buildings, when applicable
_____ Water courses	_____ Parks & open spaces, when applicable
_____ Large trees	_____ Flood prone areas
_____ Sanitary sewers	_____ Foliage lines
_____ Drainage structures & drainage ways	_____ Significant natural & manmade features

Land use designation from Master Plan and Town Boundary, if any (3.05f)

\_\_\_\_\_Type of water supply (3.05g)

\_\_\_\_\_Type of sewage disposal (3.05g)

The application shall be delivered to the designated agent of the Planning Board at least fifteen (15) days (not including holidays and weekends) prior to the regularly scheduled Public Meeting of the Board at which the Applicant will formally submit the Application to the Board.

\_\_\_\_\_ This statement shall appear on the plat: “Approval of this boundary line adjustment does not constitute the creation of a separate parcel of land. It simply adjusts the physical location of the boundary of the adjoining parcels. Any future subdivision and/or development of the parcels must be approved by the Town of Grantham Planning Board.”

**FEES: (For fees please visit [granthamnh.net](http://granthamnh.net) under Permits, Licenses, & Forms and select Planning and Zoning the Planning Board Fee Schedule is listed)**

One check made payable to the **Town of Grantham**

- Application fee **PLUS**
- **Certified letter cost per abutter and property owner**, including notification of the applicant and any agent or person whose name appears on the drawings.

Applicant must submit **three (3) sets** of address mailing labels (Avery 5160).

One check made payable to **SCRD** Sullivan County Registry of Deeds for recording the drawing

Another separate check made payable to **SCRD** for L Chip fees