



Town of Goffstown

TOWN OFFICES
16 MAIN STREET • GOFFSTOWN, NH 03045
Revised 01/17/23

APPLICATION FOR DEVELOPMENT REVIEW

1. Application is submitted for:
- | | | |
|---|--|-----------------------------|
| | <u>Check as Appropriate</u> | <u>Check as Appropriate</u> |
| <input type="checkbox"/> Subdivision Review | <input type="checkbox"/> Conceptual Review | |
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Plan Amendment | |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Time Extension | |
2. Is applicant a corporation, partnership or trust? Yes: _____ No: _____
(If yes, please fill out the Certificate of Authorization)
3. Location: Tax Map No.: _____ Lot No.: _____ Zoning District: _____
Address: _____
4. Owner's Name: _____
Address: _____ Town: _____ Zip: _____
Phone: _____ Fax: _____ E-Mail Address: _____
5. Developer Name (If different from above): _____
Address: _____ Town: _____ Zip: _____
Phone: _____ Fax: _____ E-Mail Address: _____
6. Surveyor/Engineer/Agent's Name: _____
Address: _____ Town: _____ Zip: _____
Phone: _____ Fax: _____ E-Mail Address: _____
7. Name of Development: _____
8. Present use of the property: _____
9. Proposed use of the property: _____
10. Has a variance or special exception been granted at this site? Yes: _____ No: _____
(If yes, please attach decision.)
11. Is property within 100 feet of a Prime Wetland? Yes: _____ No: _____
(If yes, please attach letter to NH Department of Environmental Services seeking its comment.)
12. Is property within a Special Flood Hazard Area? Yes: _____ No: _____
13. Is the property located within the 79-E Districts? Yes _____ No: _____
14. If Subdivision:
a) Number of Lots proposed: _____

PLANNING AND ECONOMIC DEVELOPMENT

(603) 497-8990 Ext. 117
FAX (603) 497-8993



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b) Length of roads: _____ feet

15. If site plan:

a) Does this application require a Conditional Use Permit: Yes: _____ No: _____

b) Number of employees: Currently: _____ Proposed: _____

c) Gross square feet: Currently _____ Proposed: _____

d) Telecommunications facility: Height of new tower: _____ feet
Height of co-located antennas: _____ feet

16. Will this proposal require a condominium ownership: Yes: _____ No: _____

17. I have attached the names and mailing addresses of all abutters to this site.

18. I have reviewed the Goffstown Master Plan. Yes: _____ No: _____

19. I am requesting that, following the Board's acceptance of my proposal, its further consideration be continued to a date uncertain, with my required re-noticing, and to waive the Board's mandated 65-day decision clock in accordance with RSA 676:4(c)(1). Yes: _____ No: _____

20. I have submitted for an Amendment and have included all relevant information, or I have submitted for Final Approval and have included an application, thirteen (13) 22"x32" sets of plans and one (1) 11" X 17" set of plans, the Application Checklist and Waiver Request, and, if appropriate, the Certificate of Authorization, and have paid all application fees.

The owners, by filing of this application, hereby certify that they have developed this proposal in accordance with the Goffstown Zoning Ordinance and the Goffstown Planning Board's Development Regulations.

The owners, by filing of this application, also hereby give permission to the Goffstown Planning Board, Planning and Economic Development Coordinator, Town Engineer, Conservation Commission, and such agents or employees of the Town as the Planning Board may authorize to enter upon the property, which is the subject of this application, at all reasonable times for the purpose of conducting examinations, surveys, tests, inspections as maybe appropriate; to enable release of any claim or right we may now or hereafter possess against any of the above individuals as a result of any examinations, survey tests, or inspections, conducted on my/our property in connection with this application.

Agent(s) Name (Print): _____ Signature: _____

Owner's Name (Print): _____
(Include all owners)

Signature: _____

Date: _____

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Application Checklist

General Information

- The applicant shall complete this checklist as part of every subdivision and site plan application. The applicant shall either (1) submit the checklist item with the application, (2) note that the item is not-applicable, or (2) request its waiver. The completed checklist, when signed by the applicant, will also serve as the waiver request.
- Other Items.** In addition to the items below, the Board may require additional reports or studies deemed necessary to make an informed decision, including but not limited to: traffic, school, fiscal, environmental impact analysis and wildlife. The Board reserves the right to request such information after an application has been accepted as complete.

Conceptual Proposals Only

	Item Submitted	Item is N/A	Waiver Requested
1. Seven copies of conceptual information to be discussed.	_____	_____	_____

Final Subdivision and Site Plan

1. Notice of Decision for any required variance or special exception	_____	_____	_____
2. The proposed plan	_____	_____	_____
3. Wetland and Surface Water Conservation (WSWC) district delineations	_____	_____	_____
4. Topography based on the Town's GPC control points	_____	_____	_____
5. Drainage study in support of proposed drainage solution	_____	_____	_____
6. Sediment and erosion control solution for proposed construction	_____	_____	_____
7. Traffic study, in accordance with Development Regulation thresholds	_____	_____	_____
8. Yield plan if proposal is an open space subdivision	_____	_____	_____
9. Architectural renderings if proposal is a site plan	_____	_____	_____

Plan content, reviewed following an application's acceptance, includes required compliance with all of the development standards that are included in the Planning Board's Development Regulations. Please identify any of these development standards for which a waiver will be sought:

	<u>Development standard item name or number</u>	
1. Development Regulation Section 3.C or Section 4.C.	_____	_____
2. Section 6:	_____	_____
3. Appendix A, Roadway Standards.	_____	_____
4. Appendix B, Cistern Standards.	_____	_____
5. Appendix C, Storm Water Management.	_____	_____
6. Appendix D, Erosion Control Standards.	_____	_____
7. Appendix E, Open Space Development Standards.	_____	_____
8. Appendix F, Landscaping and Screening Standards.	_____	_____
9. Appendix G, Design Review Standards.	_____	_____

Applicant's Signature

Date

Applicant's Signature

Date



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Application for Waiver of Checklist Requirement

(Do not seek waiver for N/A items.)

Tax Map No.: _____ Lot No.: _____

Address: _____

Owner's Name: _____

Surveyor/Engineer/Agent's Name: _____

Pursuant to Sections 3 and 4 of the Development Regulations of the Board, and the attached Checklist, the following requirements are imposed: (Attach sheets if necessary.)

- (1) _____
- (2) _____
- (3) _____

It is respectfully requested that the Board grant a waiver from this requirement for the following reasons:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____

Respectfully submitted,

Dated: _____

Effective Date 01/17/23

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Fee Schedule

Fee Owed

Planning

Conceptual Site Plan or Subdivision	\$50	_____
Site Plan Waiver Request / Determination of Exemption or Non-Material Change	\$25	_____
Voluntary Lot Merger	\$25	_____
Site Plan ⁽¹⁾ Final Review	\$200	_____
Plus \$60/1000 SF, up to 100,000		_____
Plus \$30/1000 SF, over 100,000		_____
Plus \$50/foot of height for new tower		_____
Plus \$35/foot of height for co-location		_____
Plus, if Condominium	\$100	_____
Subdivision ⁽²⁾ Final Review	\$200	_____
Plus per lot	\$60	_____
Other Fees for Site Plans or Subdivisions		
Notice and abutter fees	⁽³⁾	_____
Recording fees	⁽⁴⁾	_____
Special study	⁽⁵⁾	_____
Time Extension, Conditional Use Permit Or Other Amendment ⁽⁶⁾	\$50	_____

Engineering Review

Lot-Line Adjustment	\$210	_____
2-Lot Subdivision or Site Plan of less than 2,500 SF	\$420	_____
For a larger Subdivision or Site Plan ⁽⁷⁾ , an escrow in an amount of \$ _____ has been collected for the Finance Department.		

TOTAL OWED

\$ _____

TOTAL COLLECTED

\$ _____

BY _____

NOTES

- (1) Condominiums are site plans/subdivisions, whose fees are calculated like site plans.
 - (2) Subdivision includes lot line adjustments.
 - (3) Abutter = \$10/abutter, or other required notice.
 - (4) Recording Fee = \$20 for 1st - 8 1/2" x 14" page.
\$5 for each additional 8 1/2" x 14" page
\$35 for each 22" x 34" plan page that is to be recorded.
 - (5) Pass through actual cost.
 - (6) Amendment to recent plan, less than 3 years old.
 - (7) Initial minimum escrow of \$1,400 for engineering review (separate check). Review charge to be at \$70/hour
- **Check payable to Hillsborough County LCHIP, for \$25.00 is required to be submitted along with final plans that are to be recorded at the Hillsborough County Registry of Deeds Office.



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Certificate of Authorization for Corporations, Partnerships or Trusts

Application of _____ (Owner)
Street Address: _____ (Map _____, Lot _____)

The undersigned, being all the directors/general partners/trustees of _____ (the "Corporation/Partnership/Trust"), hereby certify that, at a duly called meeting of the board of directors of the Corporation, or otherwise if a Partnership or Trust, authorize the following individual to represent the Corporation/Partnership/Trust in all respects before the Goffstown Planning Board with respect to the above described matter, including but not limited to, signing applications and binding the Corporation/Partnership/Trust to any agreement, condition or any other matter with respect to the above, and certify that we have all necessary powers to grant that authority:

Signed under penalties of perjury this _____ day of _____, 202__.

Director/General Partner/Trustee

Director/General Partner/Trustee

STATE OF NEW HAMPSHIRE
_____, SS.

Personally appeared before me this _____ day of _____, 202__, the above named _____ and made oath that the foregoing statements are true to the best of his/her knowledge and belief.

Notary Public / Justice of the Peace

STATE OF NEW HAMPSHIRE
_____, SS.

Personally appeared before me this _____ day of _____, 202__, the above named _____ and made oath that the foregoing statements are true to the best of his/her knowledge and belief.

Notary Public / Justice of the Peace

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Town of Goffstown
Conservation Commission

Request for Inclusion on Agenda

The Conservation Commission currently meets on the fourth Wednesday of the month at 7 PM in the Town Hall, however please check the Town Calendar as these meetings can sometimes change due to holidays or vacation time.

Applicant Name:

Site Map/Lot:

Site Location:

Site Owner, if not applicant:

Date:

Date of Meeting you wish to present:

Applicant Contact Information (address, phone, fax and email):

This form must be received with any required documents by mail, email or hand-delivered to Town Hall by noon on Tuesday, the week prior to the meeting.

You will be notified as to your inclusion on the agenda.