ARCHITECTURAL DESIGN REVIEW APPLICATION

App Fee	_____
Abutter	_____
Publ.	_____
Total Due	_____

Instructions:

1. Please print or type clearly so that the information provided is legible.
2. Questions regarding how to complete the application should be directed to the Community Development Office, 5 Highland Street, Meredith, NH 03253 (603) 677-4215
3. Contact the Community Development Office for a determination of fee amounts.
4. Submit all required documents as one package. Incomplete applications will be returned to the applicant.

Applicant Information:

Applicant: _____ Phone: _____

Mailing Address: _____ Email: _____

Note: If the Applicant is not the property owner, then a completed Owner Authorization Letter must be attached to the application and the following section completed.

Name of Authorized Applicant: _____ Phone: _____

Mailing Address: _____ Email: _____

Property Information:

Tax Map: _____ Lot # _____ Zoning District: _____

Street Location: _____

Designated Scenic and Cultural Byway: ☐ Yes   ☐ No

Lot size: _____ acres or _____ square feet.

Is the property subject to any existing easements, covenants or other restrictions?

☐ Yes ☐ No

If yes, please describe _____

_____

Project Information:

Please provide the following information for the design professional responsible for the preparation of the Architectural Plans submitted as part of this application:

Name:_____ Telephone:_____

Address:_____

E-mail:_____ License No. (If applicable):_____

Type of Project (check as applicable):

☐ New Construction (No. Buildings _____ , building footprint _____ sq. ft.)

☐ Building Addition or expansion (Year of original construction _____ , footprint
Of addition_____ sq. ft.)

☐ Exterior building renovation, rehabilitation or rehabilitation (year of construction _____)

Project Description:_____

_____

_____

_____

How is the proposal sensitive towards, and complementary of the architectural heritage of Meredith, New Hampshire?_____

_____

_____

_____

Does the proposal seek approval for lot line building setbacks that are less than the setback required per the applicable Zoning District? ☐ Yes ☐ No

If yes, please answer the following:

What is the <u>required</u> setback dimension? _____ Ft.

What is the <u>proposed</u> setback dimension?_____ Ft.

What is the justification for the proposed setback reduction? How is the proposed setback reduction necessary to fulfill the one or more of the Building Performance Criteria?

_____

_____

_____

Request for Waiver of Performance Criteria:
Please identify each specific Performance Criteria contained in Section 6 of the Architectural Design Review Ordinance for which a waiver is requested together with the justification for the requested waiver.

_____

_____

_____

_____

Application Check List: (Check as appropriate)

☐ Completed application form including signature
☐ Owner Authorization Letter (if applicable)
☐ Abutters List
☐ Six full size copies and an original pdf of the building elevation drawings
☐ Additional descriptive information such as photographs of existing conditions, historical photographs, visual simulations etc. (optional)

Endorsement:
I hereby request that the Town of Meredith Planning Board review this Application for Architectural Design Review, including all plans, drawings, documents and information submitted herewith. I represent to the best of my knowledge and belief, this application is being submitted in accordance with the Architectural Design Review Ordinance.

_____   _____
Signature of Owner or Authorized Applicant   Date

_____   _____
Printed Name of Owner or Authorized Applicant   Date

NOTIFICATION LIST

Applicant: _____ Tax Map:_____

Address: _____ Lot #: _____

In accordance with RSA 676:4 1(d), **the Planning Board shall notify** the abutters, the applicant, subject property owner, holders of conservation restrictions, and the engineer, architect, land surveyor, wetland scientist or soil scientist whose professional seal appears on any plat submitted. An **abutter** is any person whose property or conservation easement adjoins or is directly across the street or stream from the land under consideration by the Planning Board. Use additional paper if necessary.

1. Name _____ Tax Map _____ Lot # _____
   Address _____

2. Name _____ Tax Map _____ Lot # _____
   Address _____

3. Name _____ Tax Map _____ Lot # _____
   Address _____

4. Name _____ Tax Map _____ Lot # _____
   Address _____

5. Name _____ Tax Map _____ Lot # _____
   Address _____

6. Name _____ Tax Map _____ Lot # _____
   Address _____

7. Name _____ Tax Map _____ Lot # _____
   Address _____

8. Name _____ Tax Map _____ Lot # _____
   Address _____

9. Name _____ Tax Map _____ Lot # _____
   Address _____

This office is not responsible for the information supplied above. Information can be obtained from the Tax Maps and Book in the Assessor's office.