



TOWN OF DURHAM
15 NEWMARKET RD
DURHAM, NH 03824-2898
603/868-8064 603/868-8065
FAX 603/868-8033
www.ci.durham.nh.us

APPLICATION FOR CONDITIONAL USE PERMIT

This form and all required information per Durham's Zoning Ordinance (Article II, Section 175-10(K) attached) must be filed at least 20 days before the meeting of the Planning Board with the Planning Staff in person or by mail.

Property Location:

Street Address 277 Main Street, Durham NH
Durham Tax Map # 9 Lot # 8-2 Zone ORLI
Lee Tax Map 6 Lot # 10-2

Owner(s):

Name River's Edge Apartments LLC
Mailing Address 277 Main Street
Durham, NH 03824
Daytime Phone (603) 397-3290 Fax same

If another person or firm will represent this application to the Town, please complete the following (letter of authorization should be included):

Name Attorney James Schulte
Mailing Address 660 Central Avenue
Dover, NH 03820
Daytime Phone (603) 743-6300 Fax (603) 743-6400

Abutters:

Attach a separate sheet listing by Map & Lot number, each owner's name, and mailing address of all abutters within **300 feet** of the property. The list of abutters must include any holders of conservation, preservation, or agricultural preservation restrictions in accordance with RSA 676:4(I)(d).

Name & Address of Licensed Professionals (as applicable):

Engineer Robert J. Stowell, Tritech Engineering Corporation, 755 Central Ave
Land Surveyor same Dover, NH 03820
Architect _____
Soil Scientist _____

114 residents in a 48-unit apartment building with two bedrooms

Proposed Use: each with 96 parking spaces and Wildcat Bus Service provided.

Please prepare and attach a written description of the proposal.
Length should not exceed three pages.

I certify that all information provided is, to the best of my knowledge true:

Owner's Signature: [Signature] Date 12/19/12