



TOWN OF DURHAM
8 NEWMARKET RD
DURHAM, NH 03824
(603) 868-8064
www.ci.durham.nh.us

LOT LINE ADJUSTMENT APPLICATION
Town of Durham, New Hampshire

Date: _____ [office use only. Check # _____ amount \$ _____ date _____]

Property information

Tax map #: _____; lot #'(s): _____; zoning district: _____

Property address/location: _____

Name of project (if applicable): _____

Property owner – Parcel A

Name (include name of individual): _____

Mailing address: _____

Telephone #: _____ Email: _____

Property owner – Parcel B (clarify whether both parcels are owned by the same person(s))

Name (include name of individual): _____

Mailing address: _____

Telephone #: _____ Email: _____

Surveyor

Name (include name of individual): _____

Mailing address: _____

Telephone #: _____ Fax #: _____

Email address: _____ Professional license #: _____

Proposed project

What is the purpose of the lot line revision? _____

Will any encroachments result? _____

(Continued Lot Line Revision application Tax Map: _____ Lot: _____ Zone _____)

Comments

Please feel free to add any comments, additional information, or requests for waivers here:

Submission of application

This application must be signed by the property owner(s) *and/or* the agent.

I(we) hereby submit this Lot Line Adjustment application to the Town of Durham Planning Board pursuant to the Town of Durham Subdivision Regulations and attest that to the best of my knowledge all of the information on this application form and in the accompanying application materials and documentation is true and accurate. As agent, I attest that I am duly authorized to act in this capacity.

Signature of property owner: _____
(Parcel A)

Date: _____

Signature of property owner: _____
(Parcel B)

Date: _____

Signature of agent: _____

Date: _____