



TOWN OF WARNER PLANNING BOARD

P.O. Box 265

Warner, New Hampshire 03278-0059

Telephone: (603) 456-2298, ext. 7

Fax: (603) 456-2297

APPLICATION FOR DETERMINATION OF SITE PLAN REVIEW

Please note that this application is subject to NH RSA 91-A which affords the public access to this information.

TODAY'S DATE: _____

Name of Property Owner: _____

Mailing Address: _____

Phone # 1: _____ Phone # 2: _____ E-Mail: _____

Address of Subject Property: _____

Tax Map: _____ Lot: _____ Zoning District: _____

Describe existing/previous tenant use: _____

Days/Hours of Operation of existing/previous tenant: _____

Number of persons on site engaged in existing/previous business: _____

Describe area used within structure for existing/previous business: _____

Describe parking for existing/previous business: _____

Name of Business Owner: _____

Mailing Address: _____

Phone # 1: _____ Phone # 2: _____ E-Mail: _____

Business Name: _____

Describe proposed use: _____

Days/Hours of Operation: _____

Number of employees on site: _____

Estimated number of patrons: _____

Class size if applicable: _____

Describe area to be used within structure: _____

Describe interior repairs/modifications: _____

Describe exterior repairs/modifications: _____

Describe area/size to be used outside of structure: _____

Describe proposed signage (including the location, size, design and illumination of proposed signs and other advertising or instructional devices): _____

Describe parking for proposed business: _____

Include sketch of property showing areas to be used (including parking facilities): _____

Authorization/Certification from Property Owner(s)

I (We) hereby designate _____ to serve as my agent and to appear and present said application before the Warner Planning Board

Statement of Assurance

I hereby certify that to the best of my knowledge this information is valid and that there is no violation of the approved ordinances, codes and/or regulations of the Town of Warner. I authorize members of the Board or their staff to enter onto my property for the purposes of review.

Signature of Property Owner(s) Date
(Need signatures of all owner's listed on deed)

Print Name _____

Signature of Business Owner (if different) Date

Print Name _____

For Planning Board Use Only

Date Application Received: _____ Received by: _____

Reviewed by: _____ Date Reviewed: _____

Full Site Plan Review Required: Yes _____ No _____

Signature of Planning Board authorized representative Date