



City of Dover, New Hampshire CONDITIONAL USE PERMIT APPLICATION

[Revision Date: October 19, 2020]

Office Use Only	Project #: _____	Date Received: _____
	Amount Paid: _____	Time Received: _____

APPLICANT AND OWNER INFORMATION

Name of Applicant: _____ Telephone # _____

Address of Applicant: _____

E-Mail Address: _____

Name of Property Owner (if different from applicant): _____ Telephone # _____

Address of Property Owner: _____

PROPERTY INFORMATION

Assessor's Map # _____ Lot(s) # _____

Address of Property: _____

Zoning District(s) _____ Overlay District(s) _____

Existing Use of Property: _____

CONDITIONAL USE PERMIT INFORMATION

Type of Conditional Use Permit (Check All That Apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Conservation District | <input type="checkbox"/> RCM Use Overlay District | <input type="checkbox"/> Gateway District |
| <input type="checkbox"/> Groundwater Protection | <input type="checkbox"/> Off-Street Parking and Loading | <input type="checkbox"/> Alternative Treatment Center |
| <input type="checkbox"/> Wetland Protection District | <input type="checkbox"/> Central Business District | <input type="checkbox"/> Heritage Residential District |

Describe Proposed Use or Activity That Requires Conditional Use Permit and Describe Any Impacts:

List Any Associated State or Federal Permits That Have Been or Will Be Applied For and Indicate Their Status: _____

Name of Professional That Prepared Plans: _____

Address _____ Telephone #: _____

Professional License #: _____ E-mail address: _____

SIGNATURES

I/We hereby submit this application to the City of Dover Planning Board 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 applicant or as agent, I attest that I am duly authorized to act in this capacity.

Signature of Property Owner: _____ Date: _____

Signature of Applicant (if different from owner): _____ Date: _____

Signature of Agent: _____ Date: _____

AUTHORIZATION TO ENTER SUBJECT PROPERTY

I, and my successors, hereby authorize members of the Dover Planning Board, Planning Department and other pertinent City Departments and boards to enter my property for the purpose of evaluating this application, including performing inspections during the application phase, post-approval phase, construction phase and occupancy phase. It is understood that these individuals must use all reasonable care, courtesy, and diligence when on the property.

Signature of Property Owner: _____ Date: _____

CITY OF DOVER CONDITIONAL USE LIST OF ABUTTERS

Pursuant to RSA 676:4, the State Law of New Hampshire, the City of Dover is required to notify the applicant, abutters (including holders of conservation easements), and any professional whose seal is on the plan, of the public hearing by certified mail, return receipt requested. Staff will provide the abutter information, while the applicant must provide accurate contact information for the owner, applicant and professional agents representing the project.

Owner:

TAX MAP	LOT #	PROPERTY OWNER	MAILING ADDRESS

Applicant (if different from owner):

APPLICANT NAME	APPLICANT COMPANY	MAILING ADDRESS

Surveyor and/or Engineer/Professional Agent:

NAME	COMPANY	MAILING ADDRESS

Conservation Easement Holder:

TAX MAP	LOT #	NAME OF EASEMENT HOLDER	MAILING ADDRESS

PLANNING BOARD FEE SCHEDULE/INVOICE

(Revised July 1, 2021)

Below are the fees associated with plan review and are subject to a nonrefundable application fee to cover administrative expenses. Please complete the information below and provide payment with your application submittal. **Plan Review Fees shall be paid prior to technical review committee (TRC) being scheduled.** For plans not requiring TRC review, **fees are due 21 days prior** to the Planning Board meeting. Staff will coordinate abutter/notice fees, which will be invoiced and must be paid 28 hours before the Planning Board meeting for an application to be heard. Fees shall be paid by cash or check made payable to "City of Dover".

A. Plan Review Fees

1. Application fee for the following (SELECT ALL THAT APPLY):

- SUBDIVISION Application fee \$200.00 + \$150.00 x # _____ new lots created = \$ _____
- LOT LINE ADJUSTMENT Application fee \$200.00 + \$100.00 X # ___ of lots involved = \$ _____
- TRANSFER OF DEVELOPMENT RIGHTS Application fee \$200.00 = \$ _____
- SITE REVIEW – RESIDENTIAL Application fee \$200.00+ \$100.00 x # ___ per dwelling unit =\$ _____
- SITE REVIEW – NON-RESIDENTIAL Application fee \$200.00 + (not to exceed \$10,000)
 - New construction \$.15 sq. ft. x # _____ sq. ft.= \$ _____
 - Additions (new floor space) \$.10 per sq. ft. x # _____sq. ft.= \$ _____
- MOTEL/HOTEL \$35.00 x # ___ per lodging unit= \$ _____
- CHANGE OF USE Application fee \$200.00 + (not to exceed \$5,000)
 - Existing floor spaces \$.10 per sq. ft. x # _____ sq. ft. = \$ _____
- CONDITIONAL USE PERMIT Application fee \$200.00 x # _____ per Application = \$ _____
- GRAVEL PIT/ EXCAVATIONS
 - Application fee \$50.00= \$ _____
 - Permit fee \$75.00= \$ _____
- EXTENSIONS/AMENDMENTS/WAIVERS FOR AN APPROVED PLAN Application fee \$200.00 = \$ _____
- REQUEST FOR REZONING Application fee \$200.00 = \$ _____
- DRIVEWAY WAIVER Application fee \$200.00 = \$ _____

- 2. TOTAL IMPERVIOUS PAVED AREA** (for new development, roadways or additions to existing parking lots, (not to exceed \$10,000)) Application fee of \$200.00 is N/A if it is part of a Site Review or Subdivision Plan. \$200.00 + \$.07 per sq. ft. x # _____ sq. ft. = \$ _____

SUBTOTAL PLAN REVIEW FEE (A) = \$ _____

AND

B. Abutter Notification/Mailing Labels - this office will create and print the abutter list and provide labels in triplicate for each abutter. The applicant/owner will review the list for accuracy and provide to us the engineer, architect, licensed land surveyor (LLS), licensed landscape architect (LLA) and/or soil scientist whose professional seal appears on the plan with names and addresses for notices.

- Applicant & Owner, engineer, architect, LLS, LLA and/or soil scientist
 - Certified letters fee # _____ of x \$8.00= \$ _____
- Certified letters fee: # of abutters _____ X \$8.00= \$ _____
- First Class Mail fee (for individual owner of units within a condominium or other collective form of ownership): # of abutters _____ X \$1.00= \$ _____
- Creating/Printing Abutter Labels in triplicate per sheet _____ x \$10.00= \$ _____

C. Foster's newspaper public notice fee \$100.00 x # _____ applications = \$ _____

SUBTOTAL NOTICE FEE (B & C) = \$ _____

TOTAL INVOICE AMOUNT (A, B & C) = \$ _____

PLAN REVIEW FEE COLLECTED/PAID = \$ _____

BALANCE DUE = \$ _____

The balance due must be paid 28 hours prior to the Planning Board Meeting, to be heard.