



# City of Dover, New Hampshire CONDITIONAL USE PERMIT APPLICATION

[Revision Date: August 16, 2016]

<i>Office Use Only</i>	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"/> I-1 District Uses             |
| <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:

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

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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: \_\_\_\_\_

