

## City of Dover, New Hampshire APPLICATION FOR EXTENSION OF/ AMENDMENT TO OR WAIVER FOR PLAN/ DRIVEWAY

[Revised August 20, 2020]

| Office Use Only Amount Paid: Date/Time Received:   |  |   |  |  |
|--|--|---|--|--|
| APPLICANT INFORMATION  |  |   |  |  |
| Name of Applicant:   |  | Telephone #   |  |  |
| Address of Applicant:  |  |   |  |  |
| Project Name:  | Project Locati                           | Project Location:   |  |  |
| Planning File Number:  | Date of Orig                             | Date of Original Approval   |  |  |
| File Type: Conditional Use   | Site Plan Review                         | Subdivision   |  |  |
| EXTENSION INFORMATION  | (Note: notification of abutt             | ers required for first time extensions under Sec.   |  |  |
| 153-9.B and Sec. 157-23.B only   | •  |   |  |  |
| Extension type requested <i>(check one)</i> :Sec. 153-8.ASec. 153-9.BSec. 157-13.ASec. 157-2 |  |   |  |  |
| Current deadline date: Number of Extensions Previously granted by Board                      |  |   |  |  |
| Reason(s) for extension/comm   | ents ( <i>attach additional sheets a</i> | s needed):  |  |  |
| Reason(s) for amendment/com  | nments ( <i>attach additional sheet</i>  | s as needed):   |  |  |
| WAIVER INFORMATION   |  |   |  |  |
| _  |  | d:  |  |  |
| Justification for waiver request   | (S) (attach additional sheets as         | needed):  |  |  |
| SIGNATURES   |  |   |  |  |
| the information on this applica  | tion form and in the accomp              | and attest that to the best of my knowledge all or<br>anying application materials and documentation i<br>am duly authorized to act in this capacity. |  |  |
| Signature of Property Owner: _   |  | Date:   |  |  |
|  |  | Date:   |  |  |
| Signature of Agent:  |  |   |  |  |

## APPLICATION FOR EXTENSION OF/ AMENDMENT TO OR WAIVER FOR PLAN/ DRIVEWAY 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.

| O  | wner:          |       |                         |                 |  |  |  |  |
|--|----------------|-------|-------------------------|-----------------|--|--|--|--|
|  | 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 24, 2023)

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 =  | \$                   |  |  |  |
|    | $\ \square$ SITE REVIEW – RESIDENTIAL Application fee \$200.00+ \$100.00 x # $\ \_$ per dwelling ur            | it =\$               |  |  |  |
|    | ☐ SITE REVIEW — NON-RESIDENTIAL Application fee \$200.00 + (not to exceed \$10,000)                            |                      |  |  |  |
|    | <ul><li>New construction \$.15 sq. ft. x # sq. ft.=</li></ul>  | \$                   |  |  |  |
|    | <ul><li>Additions (new floor space) \$.10 per sq. ft. x #sq. ft.=</li></ul>                                    | \$                   |  |  |  |
|    | □ MOTEL/HOTEL \$35.00 x # per lodging unit=  | \$                   |  |  |  |
|    | ☐ CHANGE OF USE Application fee \$200.00 + (not to exceed \$5,000)   |                      |  |  |  |
|    | <ul><li>Existing floor spaces \$.10 per sq. ft. x # sq. ft. =</li></ul>  | \$                   |  |  |  |
|    | □ CONDITIONAL USE PERMIT Application fee \$200.00 x # per Application =  | \$                   |  |  |  |
|    | ☐ GRAVEL PIT/ EXCAVATIONS  |                      |  |  |  |
|    | <ul> <li>Application fee \$50.00=</li> </ul>   | \$                   |  |  |  |
|    | o Permit fee \$75.00=  | \$                   |  |  |  |
|    | □ EXTENSIONS/AMENDMENTS/WAIVERS FOR AN APPROVED PLAN Application fee \$200.0                                   | 00 = \$              |  |  |  |
|    | □ REQUEST FOR REZONING Application fee \$200.00 =  | \$                   |  |  |  |
|    | □ DRIVEWAY WAIVER Application fee \$200.00 =   | \$                   |  |  |  |
|    | □ <b>TOTAL IMPERVIOUS PAVED AREA</b> (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 p                 |                      |  |  |  |
|    | of a Site Review or Subdivision Plan. \$200.00 + \$.07 per sq. ft. x # sq. ft.                                 | = \$                 |  |  |  |
|    | SUBTOTAL PLAN REVIEW FEE   | = \$                 |  |  |  |
|    | AND  |                      |  |  |  |
| В. | Abutter Notification/Mailing Labels - this office will create and print the abutter list a                     | nd 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) a                    | nd/or soil scientist |  |  |  |
|    | whose professional seal appears on the plan with names and addresses for notices.                              |                      |  |  |  |
|    | <ul> <li>Applicant &amp; Owner, engineer, architect, LLS, LLA and/or soil scientist</li> </ul>                 |                      |  |  |  |
|    | <ul><li>Certified letters fee # of x \$10.00=</li></ul>  | \$                   |  |  |  |
|    | ☐ Certified letters fee: # of abutters X \$10.00=  | \$                   |  |  |  |
|    | ☐ 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 \$120.00 x # applications =   | \$                   |  |  |  |
|    | SUBTOTAL =   | \$                   |  |  |  |
|    | TOTAL INVOICE AMOUNT =   | \$                   |  |  |  |
|    | PLAN REVIEW FEE COLLECTED/PAID =   | \$                   |  |  |  |
|    | BALANCE DUE =  | \$                   |  |  |  |

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