

APPLICATION
ARCHITECTURAL DESIGN REVIEW

MEREDITH PLANNING BOARD, MEREDITH, NH

Instructions:

1. Please print or type clearly so that the information provided is legible.
2. Please provide complete and thorough responses to the questions presented.
3. Questions regarding how to complete the application should be directed to the Planning and Zoning Department, 41 Main Street, Meredith, NH 03253 (603) 279-4538
4. Contact the Planning and Zoning Department for a determination of fee amounts.
5. Submit all required documents as one package. Incomplete applications will be returned to the applicant.

PART 1. APPLICANT INFORMATION

A. Owner's Name: _____ Telephone: _____
Mailing Address: _____ Fax: _____
_____ E-mail: _____

Note: If the Applicant is not the property owner, then a completed Owner Authorization Letter must be attached to the application and the following section completed:

B. Name of Authorized Applicant: _____ Telephone: _____
Mailing Address: _____ Fax: _____
_____ E-mail: _____

PART 2. PROPERTY INFORMATION

A. Town of Meredith Tax Map # _____, Lot # _____

B. Street Location: _____
Designated Scenic and Cultural Byway: ___ Yes ___ No

C. Lot size: ___ acres or ___ square ft.

D. Zoning District: _____

E. Is the property subject to any existing easements, covenants or other restrictions?
___ Yes ___ No

If yes, please describe: _____.

PART 3. PROJECT INFORMATION

A. Please provide the following information for the design professional responsible for the preparation of the Architectural Plans submitted as part of this application:

Name: _____
Mailing address: _____
License No. (if applicable): _____

Telephone:
Fax:
E-mail:

B. Type of Project (check as applicable):

- ___ New Construction (No. Buildings ___, building footprint: _____ sq. ft)
- ___ Building Addition or expansion (Year of original construction ___, footprint of addition: _____ sq. ft.)
- ___ Exterior building renovation, rehabilitation or rehabilitation (year of construction: ___)

C. Project Description (Summary):

D. How is the proposal sensitive towards, and complementary of the architectural heritage of Meredith, New Hampshire?

F. Does the proposal seek approval for lot line building setbacks that are less than the setback required per the applicable Zoning District? Yes No

If yes, please answer the following:

What is the required setback dimension? _____ ft.

What is the proposed setback dimension? _____ ft.

What is the justification for the proposed setback reduction? How is the proposed setback reduction necessary to fulfill the one or more of the Building Performance Criteria?

G. Request for Waiver of Performance Criteria:

Please identify each specific Performance Criteria contained in Section 6 of the Architectural Design Review Ordinance for which a waiver is requested together with the justification for the requested waiver.

PART 4. APPLICATION CHECKLIST (CHECK AS APPROPRIATE)

- Completed application form including signature
- Owner Authorization Letter (if applicable)
- Abutters List
- Ten (10) copies of the building elevation drawings
- Additional descriptive information such as photographs of existing conditions, historical photographs, visual simulations etc. (optional)

PART 5. ENDORSEMENT

I hereby request that the Town of Meredith Planning Board review this Application for Architectural Design Review, including all plans, drawings, documents and information submitted herewith. I represent to the best of my knowledge and belief, this application is being submitted in accordance with the Architectural Design Review Ordinance.

Signature of Owner or
Authorized Applicant

Date

PART 6. FOR OFFICE USE ONLY: