CITY OF PORTSMOUTH NEW HAMPSHIRE

SUBDIVISION APPLICATION FOR LOT LINE REVISION

Property #1				Cuse I	
	Lot	Zone	Wetlands:	Gt-l	Lot Area
Property #2			Thiand	Coastal	_ Lot i fieu
Map	_ Lot	Zone	Wetlands: Inland	Coastal	_ Lot Area
		Date of A	Approvals (Indicate if Pendin	g)	
Conservation Commission		Conditional Use Board of A		Board of Adj	ustment
Historic District Commission		Subdivision		Other	
Street Address	s Property #1				
Street Addres	s Property #2				
Number of total existing lots		Number of total proposed lots			
		Lot area of proposed lots			
			=	-F	
			D'ALC A' DI		
D 4 114	0 1 1		Print Information Below		
Property #1	Owner's Name				
Street Address			Citv/Town	State	Zip
	~ 				
		G II DI "			
Telephone #		Cell Phone #	Fax	X #	Email Address
			Print Information Below		
Property #2	Owner's Name				
Straat Addrass			City/Town	State	Zip
Succi Addres			City/ 10wii	State _	Zip
Telephone #		Cell Phone #	Fax	: #	Email Address
			Print Information Below		
Check One: Att	orney for Owner \square	Attorney for Applicant \square	Engineer Surveyor O	Other If other state	relationship
Representati	ve's Name				
Street Address			City/Town	State	Zip
	~ 				
		C II DI "			
Telephone #		Cell Phone #	Fax	X #	Email Address
Property Owner #1 Signature		Drint Owner's Nome		Data	
Property Owner #1 Signature		Print Owner's Name		Date	
P					
Property Owner #2 Signature		Print Owner's Name		Date	
Representative's Name		Print Representative's Name		Date	

Note - This application, together with twelve (12) stamped and folded copies of the subdivision plan, the application fee, and any required State or Federal Permits and/or copies of Applications must be filed with the Planning Department. Refer to Subdivision Rules and Regulations, Section VII for digital submission requirements. The signed mylar will be held by the Planning Department for filing at the Registry of Deeds. A Memo from the Planning Department is submitted to the Planning Board prior to the meeting explaining your request. A copy can be obtained from the Planning Department.