

For Office Use Only

Application Received: _____ Permit# _____

Fee Amount Paid\$ _____ CASH/CHECK# _____

Date Paid: _____ Initial: _____

TOWN OF LANCASTER LAND USE PERMIT APPLICATION

Completed application must be returned to the Lancaster Planning Office for processing. The application must be accompanied by the applicable fee(s) paid by cash or check payable to the Town of Lancaster (see Fee Schedule). No refund will be made if the application is denied, and the application will not be processed until all required sections are complete. If a question does not apply, mark "N/A." NOTE: PERMITS MUST BE POSTED ON SITE

PROPERTY INFORMATION

Street Address: _____

Tax Map# _____ Lot# _____ Total Lot Acreage: _____

Subdivision Development Name: _____

Zoning District: Agricultural Residential Commercial

Central Business District Commercial/Industrial

Is lot assessed in Current Use (portion to be developed)? Yes No

If YES, an existing Current Use map must be on file with the Town and a revised copy must accompany this application

Is lot within the 100-year Flood plain? Yes No Flood Map No. _____

Flood Map Zone: _____

Is proposed work within the flood plain? Yes No If YES, please attach copy of Elevation Certificate.

Is the lot within 250' of a public water body? Yes No If YES, attach copy of NHDES Shoreland Permit.
<https://www.des.nh.gov/protected-shoreland-faq> or 603-271-2147

Has a Driveway Permit obtained? Yes No Existing If new, required with Land Use Permit. Driveway off a State Road requires a State permit (603-788-4641) Town Driveway Permit Application Fee is \$25.00.

Is this property located on a private or Class VI road? Yes No

Has a 911 number been assigned to the property? Yes No

Applicant/Owner Information

Applicant Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Check if Applicant and Owner are the same

Owner Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Type of Proposed Improvement (Check all that apply):

New Structure Addition Demolish on site Foundation only Alteration/Repair

Relocation off site Replacement Other (specify): _____

MODULAR & MOBILE HOMES

HUD#: _____ Mfg Name: _____ Mfg Year: _____ Model: _____
State Certificate of Compliance/Warranty Seal (603-271-2219)
Was there previously a unit on this site? Yes No
If YES: Previous Owner's Name: _____ Date Removed: _____

FOR DEMOLITION ONLY: Lancaster Transfer Station accepts resident demolition debris only. A LUC Permit must be submitted with the hauler's Origin & Disposal Form.

Demolition with asbestos REQUIRES notice to the State of NH DES 10 days prior to work per NH Env-A 1804.03.

Roofing material pre-1990? **Sheets:** Y N **Tar:** Y N **Underlayment:** Y N **Flashing:** Y N

Removing flooring with adhesive? Y N Is flooring material pre-1986? Y N Age of flooring? _____

Removing siding pre-1986? Y N Age of siding? _____

Removing insulation? Yes No **Fiberglass:** Yes No **Foam:** Yes No **Cellulose:** Yes No

Other: Yes No _____

Removing painted or stained boards? Yes No Is the paint/stain pre-1978? If yes, has the paint been tested

for lead? Yes No Removing walls? Yes No Removing Ceilings? Yes No

State Asbestos/Lead Paint Remediation (603-271-1370)

Has the building been inspected for Hazardous Material(s)? Yes No If YES, attach Hazardous Waste Assessment checklist.

Fire ruins: No owner or occupant of land in the Town of Lancaster shall permit fire or other ruins to be left on a site. Within one (1) year, all ruins shall be removed and any excavation shall be filled and/or fenced off. See Fire Chief.

INTENDED/PROPOSED USE

- | | |
|--|--|
| <input type="checkbox"/> RESIDENTIAL (1 & 2 family & accessory) | <input type="checkbox"/> COMMERCIAL/INDUSTRIAL |
| <input type="checkbox"/> Single Family/Two Family/ADU (circle) | <input type="checkbox"/> Assembly <input type="checkbox"/> Institutional |
| <input type="checkbox"/> Accessory Building (not ADU) | <input type="checkbox"/> Business (service) <input type="checkbox"/> Mercantile (retail) |
| <input type="checkbox"/> Garage <input type="checkbox"/> Separate Barn | <input type="checkbox"/> Multi-Family <input type="checkbox"/> Mixed Use |
| <input type="checkbox"/> Shed <input type="checkbox"/> Deck | <input type="checkbox"/> Factory <input type="checkbox"/> Storage |
| <input type="checkbox"/> Pool <input type="checkbox"/> Porch | <input type="checkbox"/> High Hazard <input type="checkbox"/> Utility |
| <input type="checkbox"/> Roof <input type="checkbox"/> Solar panels | <input type="checkbox"/> Education <input type="checkbox"/> Solar panels |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

UTILITIES

Water System: Town-Existing Town-New Private Well
Sewer System: Town-Existing Town-New Private Septic

If Private Septic, attach Septic Design with State Approval or Approval # if online

NOTE: Additional BR and/or finished ADU requires new septic assessment and/or design

DESCRIPTION OF WORK (Please provide plans)

Is work on the following systems being performed?

Foundation information: Concrete **AND** Full Crawl Space Heated
 Block Slab SonaTube/Piers Un/Finished
 Other Other: _____

Principal Type of Frame: Wood frame Masonry (wall bearing) Structural Steel
 Reinforced Concrete Other: _____

Principal Type of Heating: Gas Solar Electric Coal Oil Interior Wood/Pellet
 Other: _____

	Existing Structure	Proposed Structure
Number of stories	_____	_____
Number of dwelling units	_____	_____
#bedrooms/#bathrooms	_____/____	_____/____
Total square footage (exterior dimensions)	_____	_____
Building width	_____	_____
Building length	_____	_____
Total Building Height	_____	_____

Description of work: _____

Estimated Start ____/____/____ Estimated Finish ____/____/____ Estimated Cost:\$ _____

Contractor Information	
Name	Telephone/Contact Info
Architect: _____	_____
Gen. Contractor: _____	_____
Electrical: _____	_____
Plumbing: _____	_____
Sewer/Septic: _____	_____
Heat Installer/Gasfitter: _____	_____

The Lancaster Fire Department officials have been notified of this project and by their signature(s) below, provide approval of this project (commercial properties only).

Name	Title	Date
_____	_____	_____

Applicant Signature

I/We certify that the information provided is true and correct to the best of my knowledge and belief. This permit is valid only for the work noted and expires 12 months from the date of issuance. All construction will be done in accordance with town, state, and local building regulations and that compliance is the sole responsibility of the applicant. I/We certify that all requirements specified in the Town of Lancaster Zoning Ordinance shall be met and that all structures shall comply with setback requirements as stated therein. The proposed work shall be done in accordance with the plans, sketch and specifications submitted. No changes to the permit shall be made without written notification to the Town and that changes may result in the need for additional approvals. The Land Use Permit shall be posted so as to be visible from the street. Violation of the terms of local regulation and the Zoning Ordinance, including beginning construction without a Land Use Permit, will result in an immediate cease and desist order and I/We may be subject to fines and/or penalties outlined in RSA 676:17. I/We hereby agree that Town and State officials and Property Assessing Personnel have the authority to enter and inspect the premises. I/We hold the Town of Lancaster harmless and indemnify the Town of Lancaster from any claims arising out of demolition and repair.

_____ Signature of Applicant (Agent/Owner)	_____ Print Name of Applicant	_____ Date
_____ Signature of Owner (Agent)	_____ Print Name of Owner	_____ Date

Application Approval

Application approval is contingent upon satisfactory completion of all sections in this form:

Application is: APPROVED DENIED

Town Manager or Designee Signature Date

Conditions of approval: _____

Plot Plan Instructions (provide sketch with following or submit **plans** and/or **survey**)

North arrow	All proposed structures and additions showing overall dimensions
Boundaries of lot with dimensions in feet	Location of any wetlands, floodplain, streams, etc., on site
Include all proposed decks, landings, exterior stairs, porches and overhangs	Existing structures on lot: include septic system, drainage structures, wells and utilities
Names & locations of abutting roads, rights-of-way	Location of any on-site or adjacent cemeteries or burial sites

Setback (distance from structure) in all directions to:
 All property lines (front setback is measured from property line, not from the road); all waterbodies and wetlands location of existing & proposed driveways;
 Campgrounds and manufactured home parks—nearest structure on adjacent sites, roads, and exterior property lines of the park or campground

Any additional information that will adequately describe the proposed work
 Additional information required for Accessory Dwelling Unit

Setbacks: Front _____ Left _____ Right _____ Rear: _____

- Fees: Residential \$35.00 Mobile Home (in park) \$15.00 Residential Outbuilding \$15.00
 Remodeling \$15.00 Residential Building (change in value <50%) \$15.00 Commercial \$75.00
 Town Driveway Permit \$25.00 After-the-fact Penalty \$250.00
 Minor demolition waivers may be requested in writing and submitted to the Land Use Department.
 All fees MUST be paid upon submitting this application.

The Selectboard reserves the right to modify the fee schedule as needed.

Adopted: January 2022