Town of New Castle, New Hampshire

49 Main Street, PO Box 367, New Castle, NH 03854-0367



Telephone (603) 431-6710 Fax (603) 433-6198

APPLICATION FOR: CONDITIONAL USE PERMIT

| Map: |
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| Date Filed: | | | | |
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| is to be considered. Th | e package must include | e 10 copies of the entire apple | the Planning Board meeting a ication, 2 full size plans, (8) 1 licable fees must be submitted | 1x17 size plans |
| | | Type of Hearing | | |
| | ☐ Work Session | ☐ Conditional | Use Permit Approval | |
| Applicant's Info | rmation: | | | |
| Name: | | | | |
| | | | | |
| | eferred Phone #: Secondary Phone #: | | | |
| Email: | | | | |
| Location of Proje | | | | |
| | | | Lot Area: | |
| Applicant/Owner authorization let | | (If other than proper | rty owner, attach owne | er's |
| Name: | | | | |

| Address: | amended 10/11/22 |
|------------------------------------------------------------------------------|---------------------------------|
| Preferred Phone #: Secondary Pho | one #; |
| Email: | |
| Wetlands Information: | 02/12/21 |
| List the Town Designated Name of the Wetland Impacted by the Project, if app | plicable (See ZO 9.2 Appendix): |
| Type of Wetland by Town Designation: | - |
| Class A Class B Not Identified Tidal | |
| Is the Wetland greater than 3,000 Square Feet? Yes | No |
| Total Area of the Wetland on the Lot: Square Feet | |
| Closest Distance of Proposed Construction to the Edge of the Wetland: | |
| Freshwater: Feet | |
| Buffer Impact: Square Feet Wetland Impact: | Square Feet |
| Brief Description of Proposed Project: | |
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Regarding Abutters: Attach a separate sheet listing the name and mailing address of all abutters, including those across a street or waterway and tax map and lot number. Names should be those of current owners as recorded in the tax records five days prior to the submission of this application. Also include three sets of mailing labels sized for a standard letter envelope. **Note**: New Castle addresses must contain a PO Box number.

FEE SCHEDULE

| Work Session (no fee required) | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Conditional Use Permit | |
| Filing Fee | \$ 100.00 |
| Public Hearing Posting Fee | \$ 50.00 |
| # of Abutter Notifications (Certified Letter) | |
| \ | |
| | Total \$ |
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| Town of New C | astle, New Hampshire |
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| attachments and requirements. Costs incurred by the not limited to engineering, environmental assessment applicant by placing an amount as determined by review before final action will be taken on the applicant of the second o | at this application is correctly completed with all required ne Planning Board in reviewing this application including but ent, and legal review under RSA 676:4-b shall be paid by the the Planning Board in escrow in advance of Planning Board ication. In addition, the applicant may be required to submit a the Planning Board to ensure the work on the subject property gn plans and stated conditions. |
| Signature of Owner or Authorized Agent | |
| | |

Date

Authorization for Inspection

"I hereby authorize the New Castle Planning Board and its agents to access my land for the purpose of reviewing the subject of this application to ensure conformance of the on-site improvements with the approved Plan and all Town of New Castle ordinances and regulations."

| Signature of Owner or Aut | horized Agent | |
|---------------------------|---------------|--|
| | | |
| Date | | |

LIST OF PLANS AND SUBMITTALS REQUIRED FOR APPROVALS IN THE WETLANDS CONSERVATION DISTRICT

- 1. An overview of the property, drawn to scale or with all dimensions clearly labeled, showing:
 - The scale, if any, used on the plan(s);
 - A north-pointing arrow indicating orientation;
 - The footprint and site conditions (size, location, and configuration) of all existing and proposed structures on the property;
 - Other existing site conditions (such as driveways, parking areas, etc);
 - The boundary or delineated edge of all surface waters and wetlands drawn by a certified soil scientist;
 - The location of the highest observable tide line, where applicable;
 - Location of the 50', 75', 100', and 250' setbacks;
 - The distance of the project from the highest observable tide line or from any wetland;
 - Existing and proposed topography;
 - Shaded or hatched areas indicating the total square footage of temporary and permanent impact to wetlands, surface waters or their banks, area within 100 feet from the highest observable tide line, or other jurisdictional area;
 - The distance from existing and proposed work to abutting property lines. (For waterfront projects, show the distance from the imaginary extension of property lines over surface waters);
 - The general shape of the shoreline (if applicable) with the length of frontage;
 - The type of construction and the materials to be used;
 - The "construction sequence," which describes the relative timing and progression of all work, preconstruction through post-construction;

- Proposed methods of erosion or siltation control. If work is done in water, turbidity controls should be included in plans;
- Indicate the names of the surveyor/soil scientist who delineated the wetlands and prepared the plans;
- · Impervious surface calculations (percentage of area);
- Drainage Plan for all impervious surfaces Any and all stormwater runoff mitigation;
- Location of any Subsurface Waste Disposal Systems;
- Tree Cutting Plan (when applicable)
- 2. Photographs showing existing conditions and any pertinent features.
- 3. Letter of recommendation/non-recommendation from the New Castle Conservation Commission.
- 4. When applicable, Notice of Decision from the New Castle ZBA.
- 5. When applicable, a completed local Shoreland Permit obtained through the Building Inspector/Code Enforcement Officer's office (See ZO 9.2.10)