

TOWN OF SANDOWN, NH

Voluntary Lot Merger Form

(Please type or print legibly in black ink)

As provided for in NHRSA 674:39-a, the undersigned applicant requests that the Town of Sandown, New Hampshire, hereby merge the following parcels of land for the purposes of being assessed and treated for regulatory purposes as a single tract or parcel of land:

Name of record owner (s) (must be identical for all lots consolidated): _____

Mailing address of owners(s): _____

Phone no.: _____

The following existing parcels are to be consolidated into a single parcel:

<u>Map #</u>	<u>Lot #</u>	<u>Street Address</u>	<u>Plan #</u>	<u>Book</u>	<u>Page</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

It is a condition of this lot merger that each of the above parcels shall (i) not be subject to separate liens or mortgages, or (ii) any such liens apply equally to all parcels merged. By signing below, the owner(s) certifies as to the facts of either (i) or (ii) above.

Dated: _____

Signature of Applicant

Printed Name of Applicant

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By signing below, the applicant agrees that (i) this request is subject to approval of the Planning Board* to assure such merger does not create a violation of the current zoning ordinance or subdivision regulations, (ii) that upon approval, a copy of this agreement shall be recorded in the Rockingham County Registry of Deeds, and (iii) subsequent to the approval of this agreement, the owner(s) shall not separately convey or encumber any of the previously existing parcels. Any attempt to separately convey any parcel or part of a parcel submitted hereunder shall require subdivision approval from the Sandown Planning Board.

Dated this ____ day of _____, 20__.

Owner's Signature

Owner's Signature

Printed Name of Applicant

Printed Name of Applicant

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(For municipal use only)

By signature below, the application has been reviewed by the Sandown Planning Board* and the lot merger shall not result in a violation of the current zoning ordinance or subdivision regulations.

Date: _____

Planning Board Chairperson*

By signature below, this request has been approved by the Board of Selectmen, or designee, who assigned the following tax map and lot number to the resulting parcel: Tax Map# _____ Lot #_____.

Date: _____

The original shall be forwarded to the Rockingham County Registry of Deeds for recording upon approval. **Owner is responsible for all recording fees and check made payable to the "RCRD"**. Recorded copy to be returned to Owner(s).

*Or the Building Inspector, to whom the Planning Board may delegate this responsibility.