Town of Hebron
PO Box 188
Hebron, NH 03241
Phone & Fax (603) 744-2631

PLANNING BOARD   APPLICATION FOR LAND SUBDIVISION APPROVAL

Name of Owner _____   Phone: _____

Mailing Address: _____   City, State, Zip _____

Authorized Agent (if any) _____   Phone: _____

Mailing Address: _____   City, State, Zip _____

Location of Subdivision _____   Map and Lot # _____

Which Zoning District? _____   With Access to: _____
                                        (Name of Road)

Survey Attached? _____   Surveyed By Registered Surveyor: _____

If construction is contemplated on Subdivision indicate:
 Source of Water Supply: Sewerage Disposal Plan:
  Shallow Well   _____   Private Septic System   _____
  Artesian Well   _____   Community Septic System   _____
  Gravel Packed Well   _____   Other Type   _____
  Community System   _____

If subdivision approval required by New Hampshire Water Supply & Pollution Control Comm, please state
Approval Certificate Number _____. (RSA 149:E)

If new access driveway/road or substantial alterations of existing driveway/road to a public highway is
proposed :
 1. If highway maintained by the State, has a permit been issued by the commissioner of Public
     Works and Highways, and if so, state Permit Number _____;

 2. If the highway is maintained by the Town, has a permit been requested from the Planning
     Board? _____. (RSA 249:17)

List all abutters to subdivision and owners directly across a public or private road:
_____ _____ _____
            Name   Name   Name
_____ _____ _____
            Street   Street   Street
_____ _____ _____
      City, State, & Zip   City, State, &Zip   City, State, & Zip
                    (List additional names and addresses of abutters on reverse side)

I/We hereby grant a waiver to extend the 30 day consideration period to the next scheduled Planning Board
meeting that meets the statutory notification periods.
                    Signature of Applicant or Agent: _____

Fee of $ _____ enclosed   Date submitted_____

Applicant or Authorized Agent's Signature: _____