

Town of Stratford

1956 US Route 3, PO Box 366

Stratford, NH 03590

Voice (603) 922-5533, Fax (603)922-3317, www.stratfordnh.org

LOT MERGER APPLICATION

Property Owner Name(s): _____

Address: _____

Telephone Number: _____

The lots to be merged:

Lot No.	Map	Lot	Book	Page	Street Address
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

1. This application is subject to all applicable Town ordinances and regulations, and the approval of the Planning Board.
2. Upon approval, the merger shall be recorded by the Planning Board at the Coös County Registry of Deeds.
3. I (we) understand that none of the lots approved for merger shall hereafter be separately transferred without subdivision approval from the Planning Board.

4. I (we) certify that written notice has been provided to each current mortgage holder of any lot listed in this application. A copy of each notice, and of each mortgage holder's consent, is attached.
Please list any mortgage holder below:

5. I (we) are the sole owners of the above listed lots.

6. I (we) certify that the information provided is, to the best of our knowledge, true and accurate.

(Signature) _____ (Print Name) _____

(Signature) _____ (Print Name) _____

The merger of the specified lots is approved by the Stratford Planning Board pursuant to RSA 674:39a. The sole responsibility for assuring this merger does not violate any applicable restrictions or requirements rests with the owner.

Payment of an administrative and recording fee of \$75.00 is due at the time of signing.

Stratford Planning Board Chairman

Date Approved