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APR 05 2016

Planning Dept.

LOT LINE REVISION APPLICATION

City of Rochester, New Hampshire

Date: 4/4/16 [office use only. Check # _____ amount \$ _____ date _____]

Property information

Tax map #: 103; lot #(s): 184; zoning district: R2

Property address/location: 11 Spring St. East Rochester

Name of project (if applicable): _____

Property owner – Parcel A

Name (include name of individual): Michael Kirwan + Sabrina

Mailing address: 11 Spring St East Rochester NH 03868 Kirwan

Telephone #: 603-817-4786 Email: Sabrinakirwan2@gmail.com

Property owner – Parcel B (clarify whether both parcels are owned by the same person(s))

Name (include name of individual): Rebecca Kean + Wayne Grant

Mailing address: 5 Spring St. East Rochester NH 03868

Telephone #: 603-556-2808 Email: Vicggrant@metrocast.net

Surveyor

Name (include name of individual): Randy Orvis

Mailing address: 240 Hometown Rd Farmington NH 03835

Telephone #: 603-859-2367 Fax #: _____

Email address: info@gbhsurvey.com Professional license #: _____

Proposed project

What is the purpose of the lot line revision? To expand property
at 5 Spring Street East Rochester

Will any encroachments result? NO

(Continued Lot Line Revision application Tax Map: _____ Lot: _____ Zone _____)

Comments

Please feel free to add any comments, additional information, or requests for waivers here:

Submission of application

This application must be signed by the property owner(s) and/or the agent.

I(we) hereby submit this Lot Line Revision application to the City of Rochester Planning Board pursuant to the City of Rochester Subdivision Regulations and attest that to the best of my knowledge all of the information on this application form and in the accompanying application materials and documentation is true and accurate. As agent, I attest that I am duly authorized to act in this capacity.

Signature of property owner:
(Parcel A)

Sabrina Kuswan

Date:

4/4/16

Signature of property owner:
(Parcel B)

Wayne A. Grant

Date:

4/4/16

Signature of agent:

Date: