



**TOWN OF DURHAM**  
15 NEWMARKET RD  
DURHAM, NH 03824-2898  
603/868-8064 603/868-8065  
FAX 603/868-8033  
www.ci.durham.nh.us

**APPLICATION FOR CONDITIONAL USE PERMIT**

*This form and all required information per Durham's Zoning Ordinance (Article II, Section 175-10(K) attached) must be filed at least 20 days before the meeting of the Planning Board with the Planning Staff in person or by mail.*

**Property Location:**

Street Address \_\_\_\_\_  
Tax Map # \_\_\_\_\_ Lot # \_\_\_\_\_ Zone \_\_\_\_\_

**Owner(s):**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

If another person or firm will represent this application to the Town, please complete the following (letter of authorization should be included):

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Abutters:**

Attach a separate sheet listing by Map & Lot number, each owner's name, and mailing address of all abutters within **300 feet** of the property. The list of abutters must include any holders of conservation, preservation, or agricultural preservation restrictions in accordance with RSA 676:4(I)(d).

**Name & Address of Licensed Professionals (as applicable):**

Engineer \_\_\_\_\_  
Land Surveyor \_\_\_\_\_  
Architect \_\_\_\_\_  
Soil Scientist \_\_\_\_\_

**Proposed Use:** \_\_\_\_\_

**Please prepare and attach a written description of the proposal.  
Length should not exceed three pages.**

I certify that all information provided is, to the best of my knowledge true:

**Owner's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_