



ALSTEAD PLANNING BOARD

VOLUNTARY LOT MERGER FORM – PAGE 1

*(Applicant must file two originals; please type or print legibly in black ink)
Applicant is responsible for Registry of Deeds Fee(s)*

As provided for in RSA 674:39-a, the undersigned applicant requests that the Town of Alstead, New Hampshire, hereby merge the following contiguous parcels of land for the purposes of land assessment and recognized 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 owner(s): _____

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

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

(Attach additional sheet if necessary)

It is a condition of this application 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. In addition, all real estate taxes on all parcels shall be current. By signing below, legal counsel for the owner(s) certifies as to the facts of either (i) or (ii) above.

Date: _____

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, this agreement shall be recorded in the Cheshire 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 Alstead Planning Board.

Dated this _____ day of _____, 20____.

Owner’s signature (s) _____

Print Name(s): _____

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(For municipal use only)
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By signing below, the application has been reviewed by the Alstead Planning Board and the lot merger shall not result in a violation of the current zoning ordinance or subdivision regulations.

Date: _____
_____ Planning Board Chairperson

This request has been reviewed by the Alstead Tax Assessor, who has assigned the following tax map and lot number to the resulting parcel: Map #: _____ Lot #: _____

Date: _____
_____ Town Clerk

One original to be retained in the Tax Assessor’s files. One original shall be forwarded to the Cheshire County Registry of Deeds for recording upon approval. The Recorded Copy will be returned to the Owner(s).