



Litchfield Land Use Laws and Regulations
APPENDIX I – CONDITIONAL USE PERMIT (CUP) APPLICATION FORM
 Adopted March 2, 2004, Amended May 19, 2015

Phone: (603) 424-2131

e-mail: planning@litchfieldnh.gov

To Be Completed By Applicant	7) Owner(s)	Name: _____ Address: _____ _____ Telephone: _____ Owners(s) Signature: _____
1) Date of Submission ___/___/___		
2) Is Site Plan or Subdivision Approval Required for this Project? <input type="checkbox"/> Site Plan <input type="checkbox"/> Subdivision		
3) Location of Project: Address: _____ _____ Tax Map/Lot # _____	8) Agent or Contact if Different Than Owner(s)	Name: _____ Address: _____ _____ Telephone: _____ Agent(s) Signature: _____
4) Use: <input type="checkbox"/> Existing <input type="checkbox"/> Proposed		9) Required Application Material: a. Application Fee: <input type="checkbox"/> (\$_____)¹ <input type="checkbox"/> Fee Waived b. Abutters List & Fees (If CUP not included as part of properly noticed Site Plan or Subdivision review). <input type="checkbox"/> (\$_____)¹ <input type="checkbox"/> Separate notice required c. Three (3) copies, one (1) to NRPC Circuit Rider, of this application and any supporting materials. Submissions due fifteen (15) days prior to scheduled public hearing. d. Copy of relevant State permit application(s) prior to granting CUP and compliance with Section 406.00, Conditional Use Permit, and/or as set forth in CUP permit requirements under specific sections of the Town of Litchfield Zoning Ordinance, as amended.
5) Zoning & Overlay District(s) _____ _____ _____		
6) Is This Site Subject to ZBA Action? <input type="checkbox"/> Yes Case # _____ <input type="checkbox"/> No	PLANNING DEPARTMENT USE ONLY ~ Do Not Write In This Section	
	1) Date of Public Hearing: ___/___/___ 2) Materials Submitted: _____ _____ _____ 3) Fees Paid: <input type="checkbox"/> Application: \$_____; Abutter Notice: \$_____; Postage: \$_____; Other: \$_____ 4) Action of the Planning Board: <input type="checkbox"/> Granted; <input type="checkbox"/> Denied; <input type="checkbox"/> Approved with Conditions 5) DATE of ACTION: ___/___/___ CUP Permit #_____ Certification / Town Clerk: _____ Date: ___/___/___	

¹ As Per Litchfield Planning Board *FEE SCHEDULE*, as amended.



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Which Conditional Use Permit are you applying for?

- Zoning Ordinance: Section 407.00 Building Foundation or Slab Location and Elevations
- Zoning Ordinance: Section 575.4.1 Conservation Open Space Subdivision
- Zoning Ordinance: Section 1255.00 Aquifer Protection District

Project Description: Specify the reason for applying for a conditional use permit, including the proposed use or activity that requires a CUP, the intent, and potential impacts (use additional sheets as needed).

How have you met each of the conditions required to be granted a Conditional Use Permit? List all applicable requirements and respond to each with an explanation of how the proposal meets the condition. Be specific and reference attached materials and plan sheets where appropriate (use additional sheets as needed).

Zoning Ordinance: Section 407.00 Building Foundation or Slab Location and Elevations – must address § 407 a

Zoning Ordinance: Section 575.4.1 Conservation Open Space Subdivision – must address § 575.4.1 A.1-6 and B

Zoning Ordinance: Section 1255.00 Aquifer Protection District – must address § 1255.01 and 1256.00 a - i

<u>Section</u>	<u>Response</u>

List any supporting materials attached (use additional sheets as needed):