By signing below, the applicant agrees that (i) this request is subject to approval of the East Kingston Planning Board to assure such merger does not create a violation of the current zoning ordinance or subdivision regulations, (ii) that upon approval, a copy of this agreement shall be recorded in the Rockingham 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 the subdivision approval from the East Kingston Planning Board.

Dated this _____ Day of ________________, 20____

____________________________________   __________________________________
Owner's Signature                     Owner's Signature

____________________________________   __________________________________
Print Name(s)

(For municipal use only)

By signature below, the application has been reviewed by the East Kingston Planning Board and the lot merger shall not result in a violation of the current zoning ordinance or subdivision regulations.

__________________   __________________________
Date                Planning Board Chairman

By signature below, this request has been approved by the East Kingston Tax Assessor, who assigned the following tax map and lot number to the resulting parcel:

Tax Map # ________ Block #, ________ Lot # __________

__________________   ______________________________
Date                Tax Assessor

One original to be retained in Tax Assessor's files. One original shall be forwarded to the Rockingham County Registry of Deeds for recording upon approval. Recorded copy to be returned to Owner(s).