



Town of Allenstown
Planning Board
 1 Ferry Street
 Allenstown, NH 03275
 603-485-9202
 planning@allenstownnh.gov

PLANNING BOARD FEE ACKNOWLEDGEMENT FORM

Project Name: _____
 Contact Person Name: _____
 Mailing Address: _____
 Phone: _____
 Email Address: _____

As the applicant for _____, located at _____ and Allenstown map _____ and lot _____ I have read and understand the Allenstown Planning Board and/or Allenstown Zoning Board Fees, as applicable (attached). Additionally, I authorize the Town of Allenstown to establish an escrow account for professional review services/costs associated with my Application(s). I understand that with an escrow I may be required to pay additional fees for services incurred, as needed, or, the Town of Allenstown may reimburse fees, as needed, if they are not expended in their entirety once the project approval process concludes. I acknowledge that any outstanding fees not paid that are incurred by the Town of Allenstown associated with the consideration of the Application can and will be required to be paid as a condition of approval. Additionally, I understand that the submittal of appropriate fees, complete and signed application forms, and this Fee Acknowledgement less than 28 days in advance of the next regularly scheduled Planning Board meeting or less than 7 days in advance of the next Zoning Board of Adjustment Meeting will result in the entire application package automatically being deemed incomplete. One check shall be provided for escrow fees and one for application fees. Both checks shall specify the application and what the check is for in the memo line. Lastly, I recognize that the following fees will be paid, as applicable:

- I. Escrow fees (Planning and/or Zoning Board) **Total:** _____
 - a. Central NH Regional Planning Commission Planner: _____
 - b. Engineering: _____
 - c. Legal: _____
 - d. Newspaper Notice: _____
 - e. Abutter Notice: _____
- II. Planning Board Application Fees **Total:** _____
 - a. Site Plan: _____
 - b. Subdivision: _____
 - c. Conditional Use Permit: _____
 - d. Special Use Permit: _____

Applicant (Printed)

Applicant (Signature)

Date