

**Town of Temple, NH
Voluntary Lot Merger Application**

Please provide the following information along with copies of the deeds referenced in the application and submit to the Temple Planning Board, PO Box 191, Temple, NH 03084, or electronically at templeplanning@templenh.org:

Applicant Name: _____

Mailing Address: _____

Phone: _____ **Email:** _____

RE: REQUEST FOR VOLUNTARY MERGER UNDER NH RSA 674:39-A

Tax Map #: _____ **and Tax Map #:** _____

Tax Map #: _____ **and Tax Map #:** _____

Deeds recorded in the Hillsborough County Registry at:

Book _____, **Page** _____ **and Book** _____, **Page** _____

Book _____, **Page** _____ **and Book** _____, **Page** _____

Location of Property: _____

Mortgage(s) on Lots: 0 1 2+ All

As owner(s) of the above-referenced parcels, I (we) request a voluntary lot merger for two or more parcels, in accordance with the Temple Planning Board merger procedure, as authorized by NH RSA 674:39-A. I (we) attest that all of the information included in this application is true and correct to the best of our knowledge.

Signature(s): _____

Printed Name(s): _____

Date: _____

Date: _____

For Office Use Only

Complete Application

Deeds

Mortgage Holder Consent(s)

Date Received: _____

Date Received: _____

Date Received: _____

Received By: _____

Received By: _____

Received By: _____

Date of Application Review at Planning Board Meeting: _____

Merger complies with zoning

Merger violates zoning _____

Decision: Merger Granted

Merger Denied. Reason for denial: _____

Date of Notice of Decision Mailed to Applicant(s): _____

By: _____