

TOWN OF JACKSON - PLANNING BOARD
PO Box 268, Jackson, NH 03846

VOLUNTARY MERGER APPLICATION
Pursuant to RSA 674:39-A

Date _____

Property Owner(s) Name(s): _____
(PRINT clearly in black ink)

Property Owner(s) Mailing Address: _____

PARCELS AFFECTED BY THIS VOLUNTARY MERGER:

Street Address _____

Tax Map # _____ Lot # _____
Tax Map # _____ Lot # _____
Tax Map # _____ Lot # _____
Tax Map # _____ Lot # _____

Note: to be filled out by Planning Board:

Deed Book & Page # _____

Deed Book & Page # _____

Deed Book & Page # _____

Deed Book & Page # _____

I(We) understand that no such merged parcels within the Town of Jackson, NH shall hereafter be separately transferred without prior subdivision approval from the Jackson Planning Board.

I(We) understand that a copy of this note will be filed with the Carroll County Registry of Deeds and a copy of the same shall be forwarded to the assessing officials, c/o Jackson Selectmen, PO Box 268, Jackson, NH 03846.

**TOWN OF JACKSON
VOLUNTARY MERGER APPLICATION
Pursuant to RSA 674:39-A**

I(We) further certify that merger of these lots does not create a violation of the current ordinances and regulations of the Town of Jackson, New Hampshire.

Enclosed with this application is: a check payable to Town of Jackson for \$36.

Signature of Property Owner(s) _____
(Please sign on line and PRINT name below)

Print Name: _____

Signature of Property Owner(s) _____
(Please sign on line and PRINT name below)

Print Name: _____

Signature of Property Owner(s) _____
(Please sign on line and PRINT name below)

Print Name: _____

Signature of Property Owner(s) _____
(Please sign on line and PRINT name below)

Print Name: _____

For Planning Board Use only:

Date Received _____ Fee Paid \$ _____ Date of PB Review _____

Endorsed by _____ **Print Name** _____
(Planning Board Chair)