



OLD VALUES - NEW HORIZONS
 COMMUNITY DEVELOPMENT
 3 North Lowell Rd, Windham, New Hampshire 03087
 (603) 432-3806 / Fax (603) 432-7362
 www.WindhamNH.gov

Planning Board
Application for Workforce Housing-Design Review

Name of Project _____ (Map – Block – Lot) _____

Zoning District(s) _____

Property Owner _____ Property Owner Phone _____

Property Owner Fax _____ Property Owner Email _____

Property Owner Mailing Address _____

Agent (If different from Property Owner) _____

Agent Fax _____ Agent Email _____

Agent Mailing Address _____ Agent Phone _____

Submission Requirements Design Review Submission Application:

- a. **Per Section 619.5.2.1** The applicant must attend a Conceptual Consultation previous to filing an application for a Design Review submission.
- b. **619.5.2.2** The applicant must submit a written statement of intent that the development is intended to qualify as Workforce Housing under **Section 619**.
- c. **619.5.2.3** Proposed preliminary architectural designs, site, and access layouts must be submitted as part of this review.
- d. **619.5.2.4** This application must include the rationale and approach to meeting Workforce Housing per NH RSA and the requirements of **Section 619**.
- e. **619.5.2.5** The application must include a list of potentially known conditional use permit (CUP), waivers*, and variances needed, including justification of their necessity and effectiveness for the project and contributing to affordability as it applies to the Statute and Ordinance.
***See Section 619.5.3.2 for CUP Requirements**
- f. During Conceptual Review, statements made by the Planning Board members shall not be the basis for disqualifying said members or invalidating any action taken. The Board and applicant may discuss proposals in conceptual form only and in general terms such as desirability of types of development and proposals under the master plan.
- g. The time limits for acting on a plan shall not apply until a Final application is submitted and accepted by the Planning Board.
- h. Submit a completed Abutter’s List and 2 sets of Mailing Labels

 Property Owner Signature Date Agent Signature Date

-----**Staff Use Only**-----

Received by: _____ Date _____ Case# _____

Application fee (see adopted fee sheet for required amount) _____ Check# _____

16 Copies of Conceptual Materials Received: Y/N Date of Planning Board Hearing _____

Abutter List

Please print the names and legal mailing addresses of all abutters taken from the Town Assessor's records not more than 2 weeks prior to submitting this information. In accordance with RSA 672:3, an abutter is defined as any person whose property adjoins or is directly across the street or stream from the property subject to this application. Also include the mailing information for the applicant, property owner and any professionals (engineers, lawyers, etc.) involved with the application.

DO NOT WRITE IN SHADED AREAS

Map	Block	Lot	Name	Mailing Address
			Do Not Write in Shaded areas	
			Do Not Write in Shaded areas	
			Do Not Write in Shaded areas	
			Do Not Write in Shaded areas	
			Do Not Write in Shaded areas	
			Do Not Write in Shaded areas	
			Do Not Write in Shaded areas	
			Do Not Write in Shaded areas	

Two copies of mailing labels must also be submitted.