

TOWN OF NEWTON, N.H.

VOLUNTARY LOT MERGER FORM

Please type or print legibly in blue or black ink.
Completed application shall be recorded at the Rockingham County Registry of Deeds
Recording fees(s) are the responsibility of the Applicant.

As provided for in RSA 674:39-a, the undersigned applicant requests that the Town of Newton, New Hampshire, hereby merge the following contiguous parcels of land for the purposes of land assessment and recognized for regulatory purposes as a single tract or parcel of land:

Name of record owner(s) (must be identical for all lots consolidated):

Mailing address of owner(s):

The following existing parcels are to be consolidated into a single parcel:

<u>Map #</u>	<u>Lot #</u>	<u>Sub #</u>	<u>Street Address</u>	<u>Deed Reference</u> <u>Book</u>	<u>Page</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Attach additional sheets if necessary)

It is the condition of this application that each of the above parcels shall (a) not be subject to separate liens or mortgages, or (b) any such liens apply equally to all parcels merged. In addition, all real estate taxes on all parcels shall be current. By signing below, the owner(s) certifies as to the facts of either (a) or (b) above.

Signature of Owner

Signature of Owner

Printed Name

Printed Name of Applicant

Date_____

Date_____

Parcel shall be known as: Map ____ Lot ____ Sub ____ Address:_____

(To be completed by the Assessing Department)

By signing below, the applicant agrees that (a) this request is subject to approval of the Planning Board to assure such merger does not create a violation of current zoning ordinance or subdivision regulations, (b) that upon approval, this agreement shall be recorded in the Rockingham County Registry of Deeds, and (c) subsequent to 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 subdivision approval from the Newton Planning Board.

Dated this _____ day of _____, 20_____.

Owner's signature(s): _____

Print name(s): _____

(For municipal use only)

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

Date _____
Planning Board Chairperson

This request has been reviewed by the Town Assessor, who has assigned the following tax map and lot number:

Map _____ Lot _____ Sub _____

Address _____

Date Town Assessor or Designee

The approved and signed original to be recorded at the Rockingham County Registry of Deeds. The recorded merger will be forwarded to the owner of record, Assessor's Office, and Planning Board Office.