

Please review the subdivision regulations at http://www.madburynh.org/pb.

Applicant Name:	Phone:
Address:	
Email:	
Contact Name:	Phone:
Address:	
Email:	
Owner Name:	Phone:
Address:	
Email:	
Engineer Name:	Phone:
Address:	
Email:	
Surveyor Name:	Phone:
Address:	
Email:	
Soil Scientist Name:	Phone:
Address:	
Email:	
Map #: Lot #	Number of lots resulting:
Application must be accompanied by a complete li- refer to the application instructions, Town Zoning (st of abutters and an application fee. For complete information Ordinances and Subdivision Regulations.
Please email a copy of the plot plan in PDF format	to webmaster@madburynh.org.
Applicant(s) and Owner(s):	
Signature	Date
Signature	Date
Signature	Date
Date received at Town office:	Town use Fee: \$200 plus \$100 per lot resulting from subdivision
Check #: Amount:	Base \$ 200
A check for \$25 ("I -CHIP" fee) made payable to "Strafford	County Registry of Deeds" must accompany all plans to be recorded