

TOWN OF HAMPTON FALLS

TOWN OFFICES, 1 DRINKWATER ROAD



NEW HAMPSHIRE 03844

(Applicant must file two duplicate originals; please type or print legibly in black ink.)

VOLUNTARY LOT MERGER FORM

As provided for in RSA 674:39-a, the undersigned owner/applicant requests that the Town of Hampton Falls, New Hampshire, hereby merge the following parcels of land for the purposes of being assessed and treated 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>Street Address</u>	<u>Deed Reference Book</u>	<u>Page</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Attach additional sheet if necessary.)

It is a condition of this application that each of the above parcels shall (1) not be subject to separate liens or mortgages, or (2) 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 (1) or (2) above.

Dated: _____

Signature of Owner(s)

Printed Name of Owner(s)

By signing below, the applicant agrees that (1) this request is subject to endorsement of the Planning Board to assure such merger does not create a violation of the current zoning ordinance or subdivision regulations, (2) that upon approval, a copy of this agreement shall be recorded in the Rockingham County Registry of Deeds, and (3) subsequent to the endorsement 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 Hampton Falls Planning Board.

Dated this _____ day of _____, _____.

Owner Signature

Owner Signature

Print Name(s): _____

(For municipal use only)

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

Date: _____

Planning Board Chairman

By signature below, this request has been approved by the Hampton Falls Tax Assessor, who assigned the following tax map and lot number to the resulting parcel: Tax Map #__, Lot #__.

Date: _____

Tax Assessor

One original to be retained in Tax Assessor's files. One original shall be forwarded to the Rockingham County Registry of Deeds for recording upon approval. Recorded copy to be returned to the owner(s) and to the Town of Hampton Falls. All Registry fees are the responsibility of the applicant.

Please print this form single-sided, twice, and complete two (2) originals.