

TOWN OF JACKSON - PLANNING BOARD
PO Box 252-Jackson, NH 03846

APPLICATION AND NOTICE OF VOLUNTARY MERGER
Pursuant to RSA 674:39-A

Date _____

Property Owner(s) Name(s) _____
(typed or printed clearly in black ink)

And Mailing Address _____

PARCELS AFFECTED BY THIS VOLUNTARY MERGER:

Street Address _____

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

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| Note: to be filled out by Planning Board: Deed Book & Page # _____ Deed Book & Page # _____ Deed Book & Page # _____ Deed Book & Page # _____ |
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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.
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 type or print name
under or beside signature)

For Planning Board Use only:

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

Endorsed by _____

cc: Selectmen, Assessors, file