

.....Do Not Write Above This Line.....

THIS FORM MUST BE TYPEWRITTEN OR PRINTED CLEARLY USING BLACK/BLUE INK

APPLICATION FOR VOLUNTARY PARCEL MERGER in MIDDLETON, NH

OWNER NAME(S) (as on Deeds): _____

MAILING ADDRESS: _____
TOWN: _____ STATE: _____ ZIP: _____

PROPERTY LOCATION: _____
Merged Map # & Lot #: _____

» » CONTIGUOUS PARCELS TO BE MERGED « «

Map# & Lot#	Registry Book# Page #	Registry Plan # (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am/we are the legal owner of the Middleton land parcels listed above. These lots are my deeded, preexisting, contiguous lots that I wish to merge for municipal regulation and taxation purposes (note RSA 674:39-a). I understand that upon approval of this merger, none of the parcels that have been merged shall thereafter be transferred as separate lots or parcels without first receiving subdivision approval from the Middleton Planning Board. Upon the signed approval by the Middleton Planning Board designee, this merger form shall be registered with the Strafford County Registry of Deeds and a copy mailed to the Middleton Assessing Office. The fee for this merger will be billed to and paid by the Town of Middleton.

	<u>Print Name</u>	<u>Signature</u>	<u>Date</u>
Owner			
Signatures:	_____	_____	_____

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Assessing reviewed on _____ (Date) and finds documents **IN ORDER** ___ **NOT IN ORDER** ___
Assessing Clerk: _____
(Initials)

This Voluntary Merger Application is **APPROVED** ___ **DENIED** ___ on _____ (Approval Date)

Planning Board
Member: _____
(Print Name) (Signature)

Reason for denial (Please Print): _____