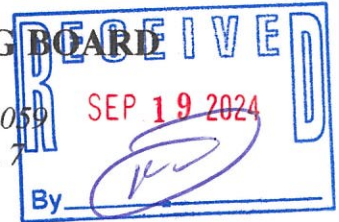




TOWN OF WARNER PLANNING BOARD

P.O. Box 265
Warner, New Hampshire 03278-0059
Telephone: (603) 456-2298, ext. 7
Fax: (603) 456-2297



APPLICATION FOR CONCEPTUAL CONSULTATION

Please note that this application is subject to NH RSA 91-A which affords the public access to this information.

ACTION NEEDED FROM THE ZONING BOARD OF ADJUSTMENT? YES NO

TODAY'S DATE: 9/19/24

NAME OF APPLICANT: Diana & Eric Tucker

ADDRESS: 448 STAFFORD STREET, CHARLTON, MA 01507

PHONE # 1: 508-951-5179 PHONE # 2: 508-951-4590 E-MAIL: diana.tucker3@gmail.com

OWNER(S) OF PROPERTY: Dustin & Krista Chamberlain

ADDRESS: 9 West Main street, Warner N.H. 03278

PHONE # 1: PHONE # 2: E-MAIL:

AGENT NAME:

ADDRESS:

PHONE # 1: PHONE # 2: E-MAIL:

STREET ADDRESS & DESCRIPTION OF PROPERTY: 9 West Main street. Home was built in 1850 and has 5,416 sq. ft. living space with 5 Bedrooms & 5 Baths

MAP # 31 LOT # 11 ZONING DISTRICT: B1 NUMBER OF LOTS/UNITS:

FRONTAGE ON WHAT STREET(S): West Main street

DEVELOPMENT AREAS: Attached Barn acres/sq.ft. BUILDING/ADDITION: 7,000 sq. ft.

PROPOSED USE: Residential Assisted Living Facility/Home for the elderly. Our intention is to increase the current 5 bedroom home into a 20 bedroom assisted living facility

DETAILS OF REQUEST: Indicate number of separate pages attached, if necessary. We want to convert the attached 7,000 sq. ft. barn into a 15 bedroom assisted living facility for the elderly. We will be licensed for an 805 license to operate the facility.

Authorization/Certification from Property Owner(s)

I (We) hereby designate _____ to serve as my agent and to appear and present said application before the Warner Planning Board

By submitting this application I (We) hereby authorize and understand that agents of the Town may visit the site without further notice.

Signature of Property Owner(s): _____ Date: _____
(Need signatures of all owner's listed on deed)

Print Names _____

Signature of Applicant(s) if different from Owner:

Diana Tucker _____ Date: *9/19/24*
Eric Tucker _____

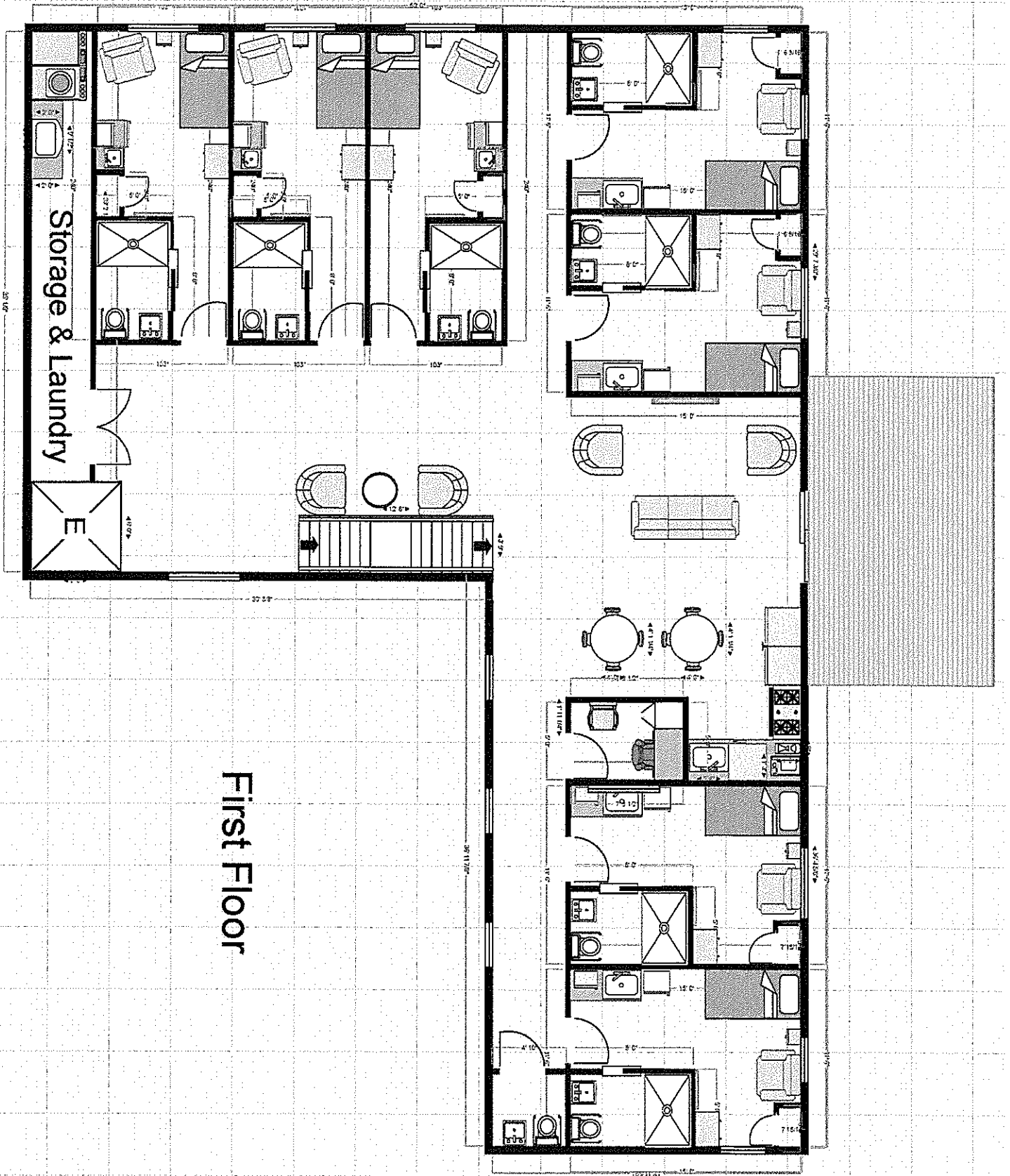
Print Names *Diana Tucker & Eric Tucker* _____

For Planning Board Use Only

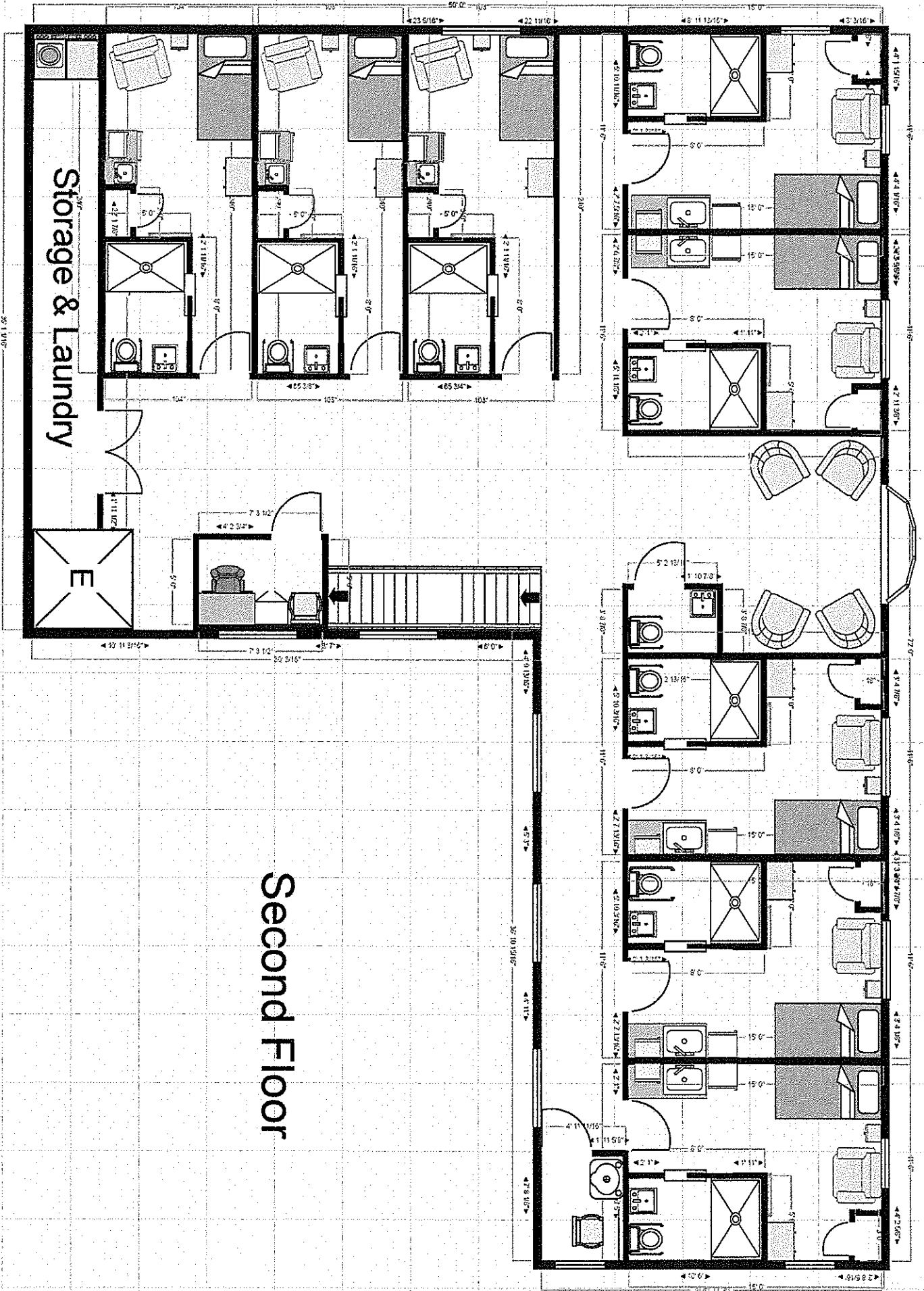
Date Received at Town Office: _____

Received By: _____

Date of Review: _____ Date of Hearing: _____



First Floor



Second Floor