



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 [checked] NO

TODAY'S DATE: 9/17/24

NAME OF APPLICANT: Warner Aggregates LLC

ADDRESS: PO Box 2089 Henniker NH 03242

PHONE # 1: 603-428-8400 PHONE # 2: E-MAIL:

OWNER(S) OF PROPERTY: Warner Aggregates LLC

ADDRESS: PO Box 2089 Henniker NH 03242

PHONE # 1: 603-428-8400 PHONE # 2: E-MAIL:

AGENT NAME:

ADDRESS:

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

STREET ADDRESS & DESCRIPTION OF PROPERTY: Rte 103

MAP # 3 LOT #84-10-A ZONING DISTRICT: C1 NUMBER OF LOTS/UNITS:

FRONTAGE ON WHAT STREET(S): Rte 103

DEVELOPMENT AREAS: using - 13000 sq ft FZ acres/sq.ft. BUILDING/ADDITION: sq. ft.

PROPOSED USE: Storage / parking lot area

DETAILS OF REQUEST: Indicate number of separate pages attached, if necessary.

parking RV/campers only. no building.
Storage only for seasonal use.
NO new landscape / pavement.

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: a/n/24
(Need signatures of all owner's listed on deed)

_____ Warner Aggregates

Print Names Marlo Herrick

Signature of Applicant(s) if different from Owner:

Date: _____

Print Names _____

For Planning Board Use Only

Date Received at Town Office: _____

Received By: _____

Date of Review: _____ Date of Hearing: _____