



**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: 11/29/2022

NAME OF APPLICANT: White Clover LLC - Holly Riley

ADDRESS: 257 Mansion Rd Dunbarton NH 03046

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

OWNER(S) OF PROPERTY: Same as above

ADDRESS: \_\_\_\_\_

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

AGENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

STREET ADDRESS & DESCRIPTION OF PROPERTY: 183 West main street

MAP # 35 LOT # 003 ZONING DISTRICT: C-1 NUMBER OF LOTS/UNITS: 1

FRONTAGE ON WHAT STREET(S): West main street

DEVELOPMENT AREAS: \_\_\_\_\_ acres/sq.ft. BUILDING/ADDITION: \_\_\_\_\_ sq. ft.

PROPOSED USE: commerical use

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

**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): Holly Riley Date: 11/29/2022  
(Need signatures of all owner's listed on deed)

Print Names Holly Riley

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: \_\_\_\_\_