



**Town of Stratham, NH**  
**Preliminary Consultation**

Map# \_\_\_\_\_ Lot# \_\_\_\_\_

Project Name: \_\_\_\_\_

Location: \_\_\_\_\_

Project Description: \_\_\_\_\_  
\_\_\_\_\_

**Applicant:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Owner:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Agent:**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

By signing this application, you are agreeing to all rules and regulations of the Town of Stratham, and are agreeing to allow agents of the Town of Stratham to conduct inspections, during normal town business hours, of your property, to ensure compliance with all Stratham Zoning, Subdivision and or Site Plan Review regulations while your application is under consideration.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fees:**

Preliminary Consultation: Application fee of \$75.00

\*Additional fees may be charged to cover inspection and review cost.

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***For Office Use Only***

Date Application Received: \_\_\_\_\_ Total Fees Collected with Application: \$ \_\_\_\_\_

Notice Date: \_\_\_\_\_ PB Application Acceptance Date: \_\_\_\_\_ PB Hearing Date: \_\_\_\_\_

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