Application Number:
Amount of Fee Paid:
Date Filed:

Town of Canterbury, NH 10 Hackleboro Road PO Box 500 Canterbury, NH 03224 (603) 783-9955

## Planning Board Conditional Use Permit Application Form

\* This application, and all required information, must be filed at lease twentyone (21) days before the date of the meeting at which it is to be submitted to the Board for acceptance as complete, whether in person or by mail. Filing is to be done at The Sam Lake House, Canterbury, NH to the attention of the Planning Board.

1.	Owner's Name: Ronald and Beth McChere			
	Mailing Address/Street Number: 303 Southwest Rd.			
	City & State: Carter bury, NH Telephone: (603 - 568-3201 (Ros 603 - 568-0825 (B			
2.	Agent's Name (if applicable):NA			
	Mailing Address/Street Number:			
	City & State: Telephone: ( )			
3.	. Type of Conditional Use Permit Requested (please check):			
	a. Cluster Development (Article 6 of the Zoning Ordinance)			
37	b. Wireless Telecommunications Tower (Article 14 of the Zoning Ordinance)			
	c. Work Force Housing Development (Article 16 of the Zoning Ordinance)			
	<ul> <li>d. Ground Water Protection District (Article 17 of the Zoning Ordinance)</li> <li>e. Detached Accessory Dwelling Unit (Article 18 of the Zoning Ordinance)</li> </ul>			

4.	4. For the property being developed, complete the following:				
	Street Address: 303 Southwest Rd., Canterbury, NH 03224				
	Abutting Streets: Center Rd., Cogswell Hill Rd.				
	Gross Floor Area: 1,000 50, A. Existing: NA Proposed: Floor area				
	Assessor's Map/Block/Lot(s): $\rho$ , 247, 10+ 8				
	Project Area: Acres 7,6 acres (or) Square Feet				
	total lot				
5.	5. Briefly describe the proposed use of the property and the conditional use requested.				
Please attach supporting justification for the requested conditional use permit - reference					
	each of the required criteria as outlined in the relevant zoning ordinance article as listed				
	above under "Type of Conditional Use Permit Requested."				
Det	ached ADV Conditional Use Permit				
pe	r Article 18 of the Zoning Ordinance,				
Purpose is for family members to live in.					
Ap	prox. 175 from main residence New freestanding				
SH	structure. Not separated in ownership, Not				
6.	6. Indicate the name, profession and telephone number of each professional involved (if				
	any) in the preparation of the application or its components:				
	Name: Webb Stout Profession: Septic design Phone: (203-783-9924				
	Name: Architect Profession: Architect Phone: (1003-225-0640				
	Name:Profession:Phone:( )				
7.	Existing Zoning District(s): <u>Residential</u>				
Overlay Districts:					
8. Application Fee: Please contact the Planning Department webpage to obtain the la					
application fee schedule. An application fee is submitted herewith in the amount of					
	\$:				
9.	Plans or Sketch of the Proposal: All applications shall include a visual depiction, plan, or				

other rendering of the proposed request.

10. Narrative Addressing the Conditional Use Permit Criteria: The Canterbury Zoning Ordinance specifies the specific required criteria that must be met for the Planning Board to grant a Conditional Use Permit.

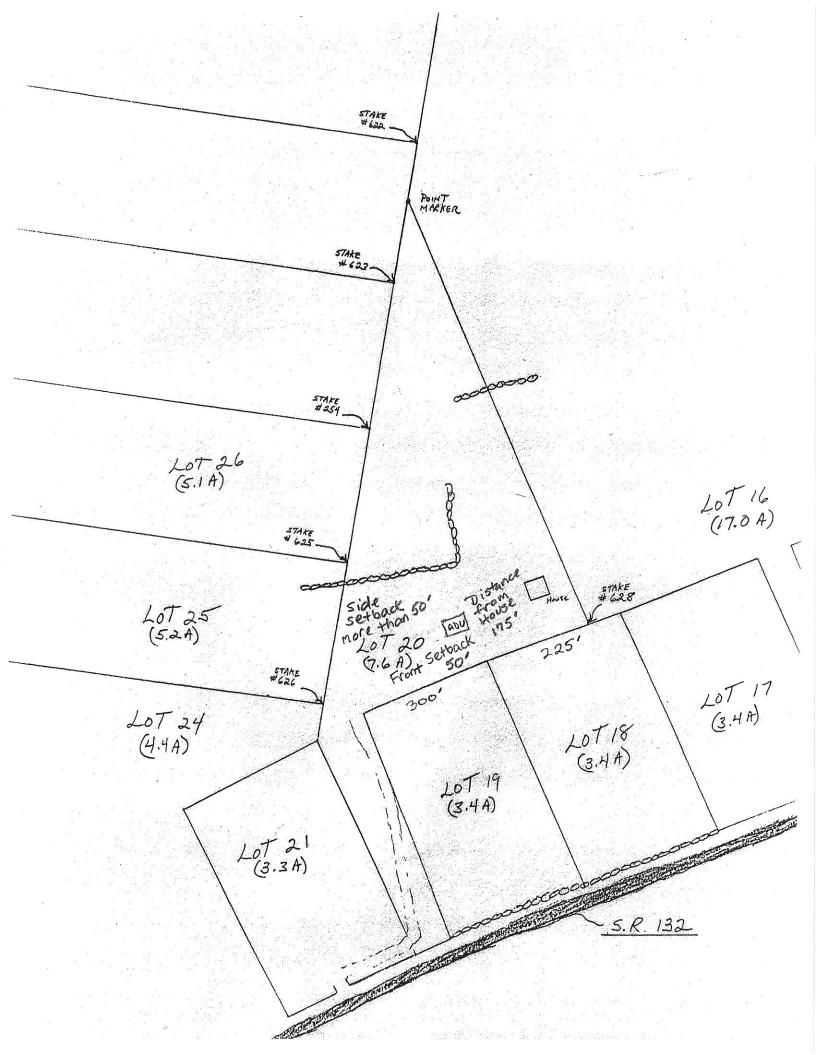
Applicants shall refer to the relevant Zoning Ordinance Section indicated in Item 3 above, and, shall attach a narrative that demonstrates compliance with each requirement for the Conditional Use Permit that is sought. For reference, criteria can be found:

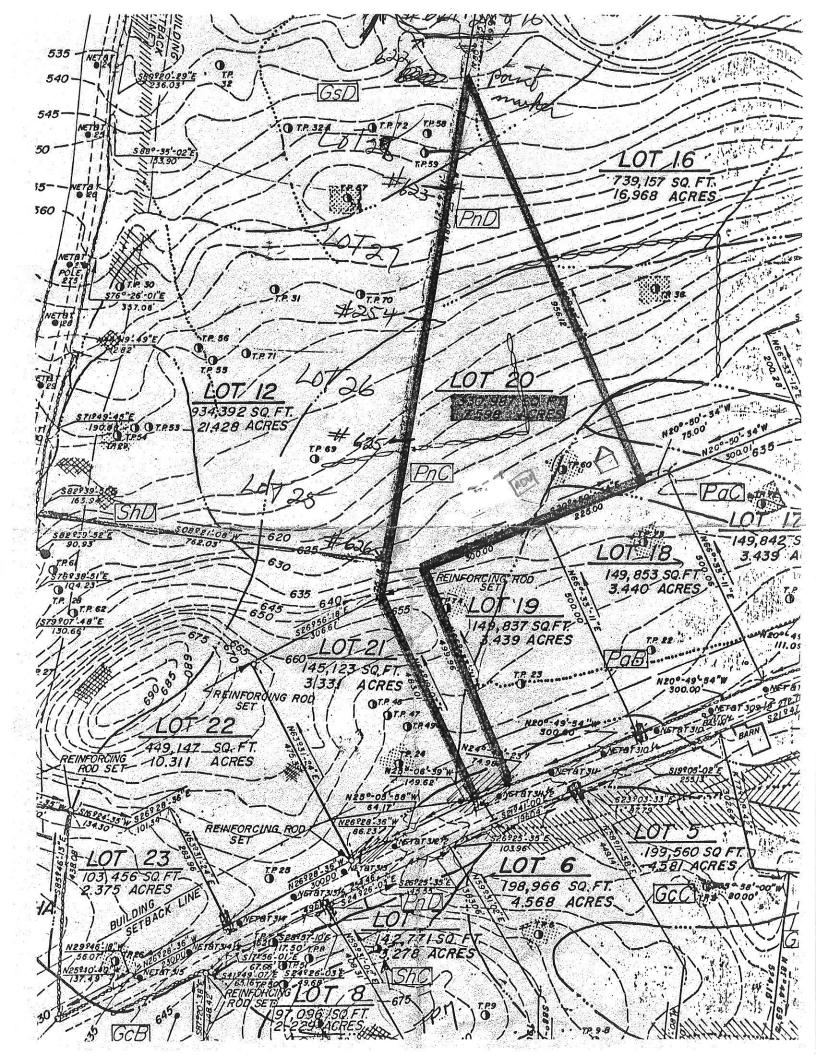
- a. Cluster Development: 6.5.E
- b. Wireless Telecommunications Tower: 14.7
- c. Work Force Housing Development: 16.4.D
- d. Ground Water Protection District: 17.11
- e. Detached Accessory Dwelling Unit: 18.5

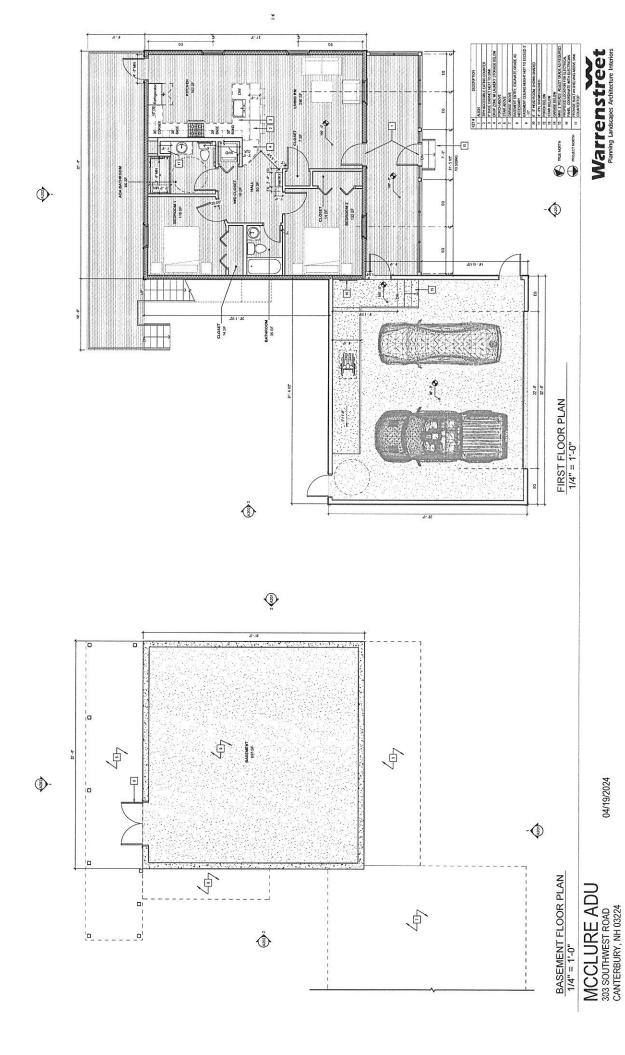
It is the applicant's responsibility to read and understand the entirety of the relevant zoning ordinance section and address all required elements therein. Failure to provide a detailed narrative addressing the relevant criteria that pertain to the Conditional Use Permit being sought shall result in the application being deemed incomplete.

11. Endorsement: I hereby request that the Town of Canterbury Planning Board review this application for a Conditional Use Permit, including all plans, documents and information herewith. I represent to the best of my knowledge and belief, this application is being submitted in accordance with the Site Plan or Subdivision Regulations, as applicable of the Town of Canterbury Planning Board.

Beth Mc Chire	5/9/24
Signature of Property Owner	Date







UNFINISHED ATTIC 1000 SF a H} UNFINISHED BASEMENT 1000 SF

ATTIC FLOOR 1/8" = 1'-0"

FIRST FLOOR PLAN 1/8" = 1'-0"

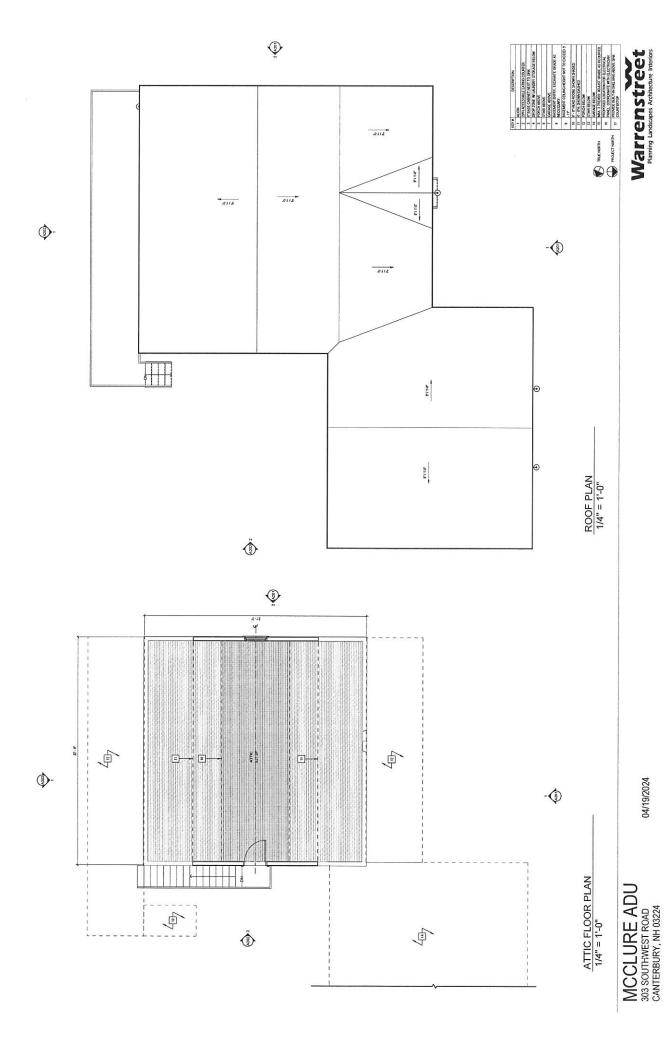
BASEMENT FLOOR PLAN 1/8" = 1'-0"

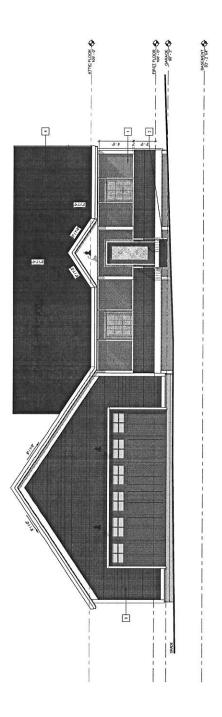
TRUE MORTH
PROJECT NORTH
MOTE, GROSS SOUNTE FOOTA

Warrenstreet
Planning Landscapes Architecture Interiors

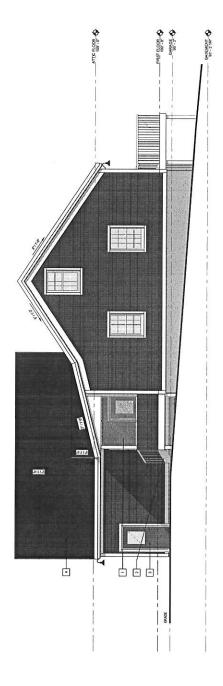
MCCLURE ADU 303 SOUTHWEST ROAD CANTERBURY, NH 03224

04/19/2024





NORTH ELEVATION 1/4" = 1'-0"

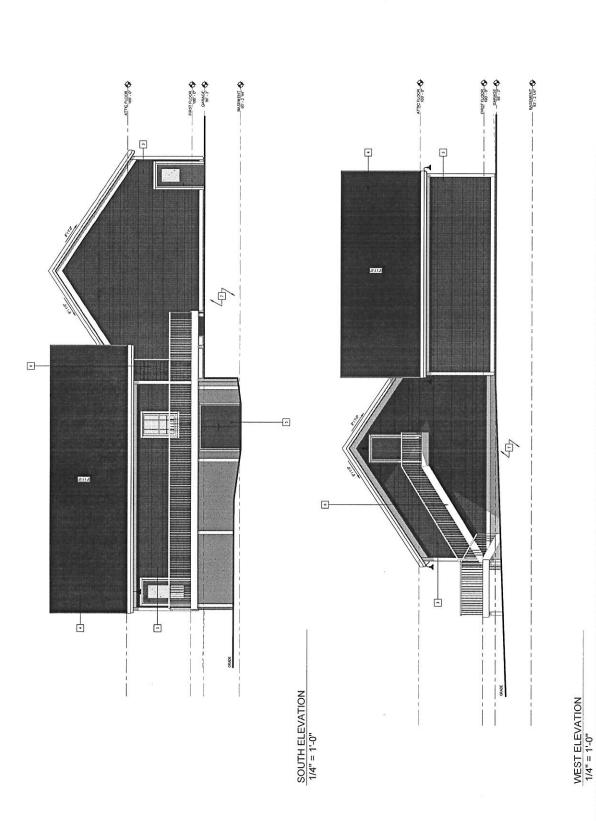


EAST ELEVATION 1/4" = 1'-0"

MCCLURE ADU 303 SOUTHWEST ROAD CANTERBURY, NH 03224

04/19/2024





Warrenstreet

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04/19/2024