

Application Number: \_\_\_\_\_  
Amount of Fee Paid: 50.00  
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 E**  
**Detached Accessory Dwelling Unit (Article 18)**

**This application, and all required information, must be filed at least twenty-one (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: David and Anne Emerson  
Mailing Address/Street Number: 418 Shaker Rd.  
City & State: Canterbury NH Telephone: (603) 783 4403  
Email: ademerson4180@gmail.com

2. Agent's Name (if applicable): \_\_\_\_\_  
Mailing Address/Street Number: \_\_\_\_\_  
City & State: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

Indicate the name, profession, and telephone number of each professional involved (if any) in the preparation of the application or its components:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. For the property being developed, complete the following:

Street Address: 418 Shaker Rd.

Abutting Streets: \_\_\_\_\_

Gross Floor Area: 600 (Gross floor area shall mean the sum of the several floors (including basements) of the ADU measured from the exterior walls, but not including interior parking or loading space for motor vehicles or any space where the floor to ceiling height is less than six feet. Article 18.3, 1.A.)

Tax Map/Lot No.: Map 212 Lot 1

Zoning District and/or Overlay: \_\_\_\_\_

Property Area: 24.54 (acres)

4. Briefly describe the proposed use of the property. Please attach supporting justification for the requested conditional use permit – reference each of the required criteria as outlined in Article 18.5.

1 Bedroom Apartment 600 sq' Main  
Floor "Garage" (Back end of garage)

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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.

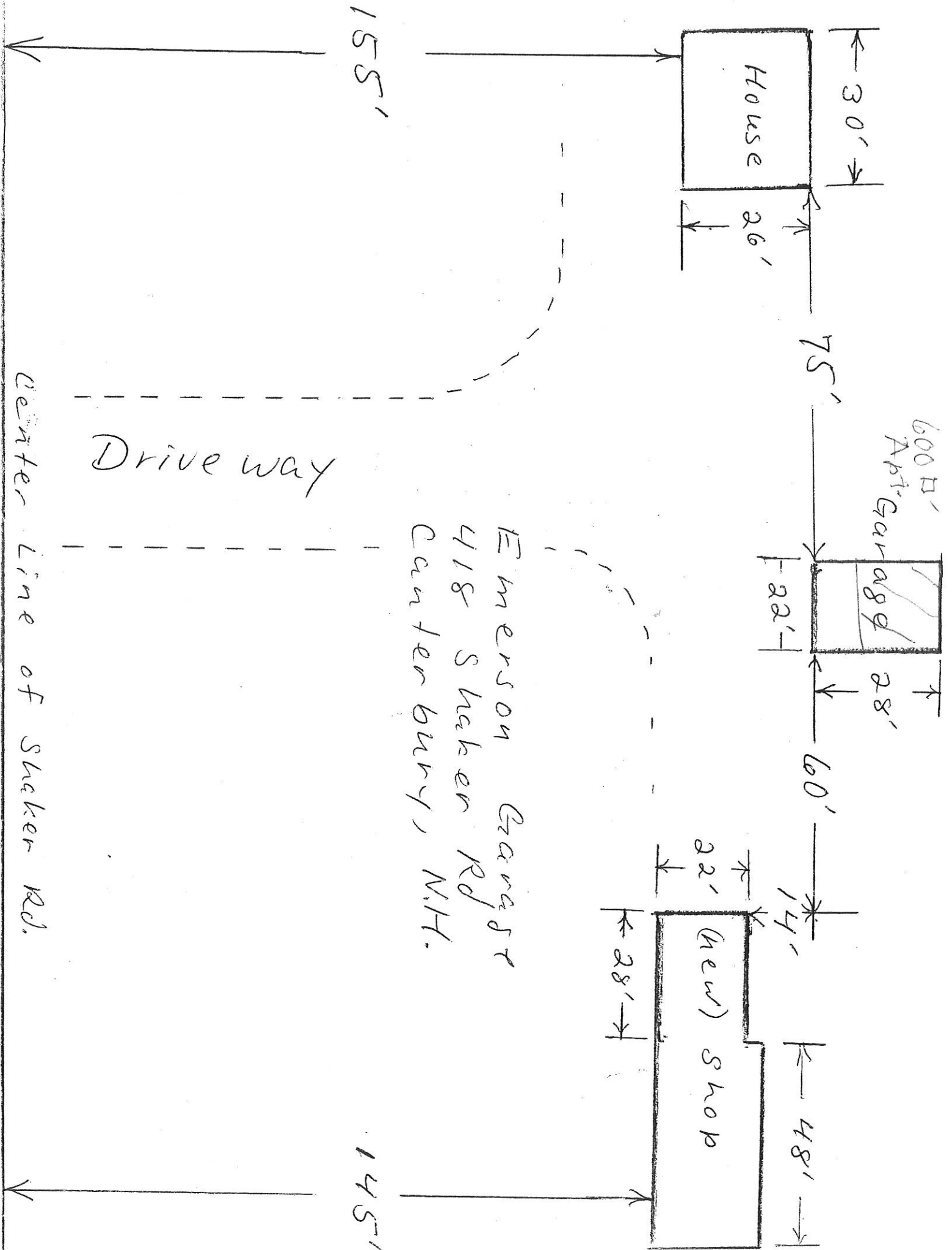
5. Application Fee: \$50
  
6. Plans or Sketch of the Proposal: All applications shall include a visual depiction, plan, or other rendering of the proposed request.
  
7. Endorsement: I hereby request that the Town of Canterbury Planning Board review this application for a Conditional Use Permit, including 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.

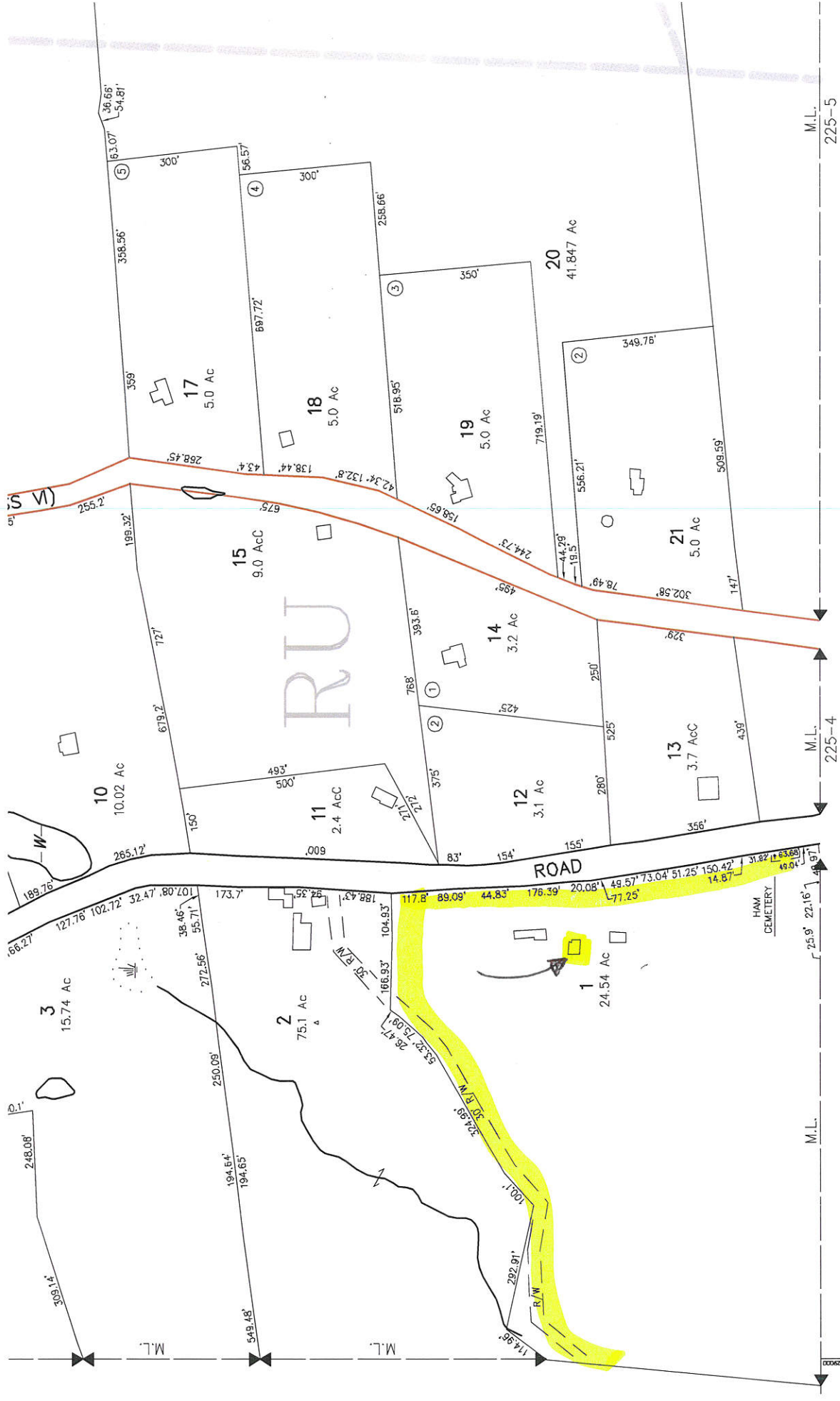
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*David C Emerson* *1/6/25*  
Signature of Property Owner Date  
*Anne C Emerson* *1/6/25*

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Agent Signature (if any) Date





THIS MAP IS FOR ASSESSMENT PURPOSES. IT IS NOT VALID

PRODUCED IN 2007 BY

LEGEND

EXCISE BOARD

M.L. 225-5

M.L. 225-4

M.L.

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