

To Registry of Deeds: Please
return recorded copy to
Town of Springfield

TOWN OF SPRINGFIELD

2750 Main St., PO Box 22, Springfield, NH 03284 (603)763-4805 www.springfieldnh.org

APPLICATION FOR AND NOTICE OF VOLUNTARY MERGER

The undersigned, as owner of the parcels listed below, request that the following parcels located in the Town of Springfield be merged and hereafter be treated as a single tract or parcel of land for all purposes, in accordance with RSA 674:39-a.

Name of Owner(s) of Record: (must be identical for all parcels)

Mailing Address(s) of Owners:

PARCELS TO BE MERGED:

Parcel 1:

Tax Map and Lot Number

Street/road address or physical location

Book and Page Number

Parcel 2:

Tax Map and Lot Number

Street/road address or physical location

Book and Page Number

Parcel 3:

Tax Map and Lot Number

Street/road address or physical location

Book and Page Number

Certification of Owner(s):

By executing this Notice of Voluntary Merger, the undersigned certify that:

1. The merger of these parcels will not create a violation of any ordinance or regulation
2. The lots are in identical ownership
3. All owners have signed this Application and Notice of Voluntary Merger
4. All persons or entities holding mortgages on any parcel have consented to this Merger
5. All property taxes and liens owed on the separate parcels shall apply equally to the merged parcel
6. This Voluntary Merger will be included in each and every Deed to this parcel or tract and bind the Grantee to it
7. Upon the recording of this Notice of Voluntary Merger in the Sullivan County Registry of Deeds, the parcels or tracts shall be deemed to be consolidated, and any attempted conveyance or encumbrance of any of the parcels separately shall be void unless prior approval for subdivision is obtained from the Town of Springfield Planning Board.

Signature of Owners:

Owner #1 Name (print)

Owner signature

Date

Owner #2 Name (print)

Owner signature

Date

Owner #3 Name (print)

Owner signature

Date

Owner #4 Name (print)

Owner signature

Date

For Planning Board Use Only:

Approved by the Springfield Planning Board on:_____

Springfield Planning Board by - Name (print)

Attest:

Signature

Date