TOWN OF SPRINGFIELD

CHECKLIST FOR APPLICATION FOR VOLUNTARY MERGER

1. The Merger form must be typed or written in black ink.

2. The Merger form must be submitted prior to the monthly meeting of the Planning Board. (The third Thursday of each month).

3. A map showing the properties being merged must accompany the form, as well as a copy of the deeds to document ownership.

4. A $50.00 filing fee, payable to the Town of Springfield, is required.

5. A check, payable to the Sullivan County Registry of Deeds (SCRD) for $12.00 plus postage must accompany the application. The form will be sent for recording by the Planning Board secretary.
TOWN OF SPRINGFIELD

NOTICE OF VOLUNTARY MERGER PURSUANT TO RSA 674:39-A

***PLEASE TYPE OR USE BLACK INK***

Property Owner(s)  Name: ___________________________________________

Address: ___________________________________________

_________________________________________________________________

Identify the Parcels Affected By This Merger:

Map # ________ Lot # ________ Book # ________ Page # ________

Map # ________ Lot # ________ Book # ________ Page # ________

Map # ________ Lot # ________ Book # ________ Page # ________

Map # ________ Lot # ________ Book # ________ Page # ________

I (We) understand that no such merged parcels shall thereafter be separately transferred without subdivision approval.

I (We) understand that I (We) must file a copy of this notice with the Registry of Deeds and a copy of the same will be forwarded to the assessing officials of Springfield.

________________________________________  __________________________________________
Print Name  Signature

________________________________________  __________________________________________
Print Name  Signature

________________________________________  __________________________________________
Print Name  Signature

FOR OFFICE USE ONLY

Date Received _________________  Date Reviewed _________________

Endorsed by: __________________________, Chairman
   for the Springfield Planning Board