

### **TOWN OF DERRY**

### APPLICATION CHECKLIST FOR REVIEW OF VOLUNTARY MERGERS

### **SUBMISSION ITEMS**

- An application (Notice of Merger) form signed by the applicant and owner of record of the property A check or cash to include all required fees (\$20.00 per lot) One (1) copy of each recorded subdivision plan for the property, if applicable; One (1) copy of the most recent deeds with description of lots; One (1) copy of the tax map and a current property cards, which may be obtained from the Assessor's Office, located at the Derry Municipal Center, 14 Manning Street, Derry, NH 03038 One (1) signed affidavit from the owner, if the owner is not the applicant and the agent;
  - OR
- One (1) signed affidavit from the Mortgagee, proving Mortgagee's Consent to the Merger.

### NOTICE OF VOLUNTARY MERGER Pursuant to RSA 674:39-a

Pursuant to the provisions of RSA 674:39-a, the following have made application to the Town of Derry Planning Board.

		, V	with a	primary
address of		pshire, as described below	 V.	,
-	-	-		
Address:				
Address:				
Address:				
Address:	, Parcel ID	, Book/Page		
(hereinafter "PROPERTY");				
approval of the Derry Plannin Lot Number Retained	-	nber(s) Deleted		
OWNER		Date		
Owner – Please Print Name & Title	e			
OWNER		Date		
Owner – Please Print Name & Titl	e			

This voluntary merger has been approved by the Town of Derry Planning Board on \_\_\_\_\_, 20\_\_\_. IN WITNESS WHEREOF, the undersigned

have executed the foregoing <u>NOTICE OF VOLUNTARY MERGER.</u>

TOWN OF DERRY PLANNING BOARD

By, \_\_\_\_\_Chairman

By, \_\_\_\_\_\_ Secretary

## AFFIDAVIT

#### **PROPERTY OWNER'S STATEMENT OF MORTGAGES**

As required by RSA 674:39-a

I (includes "we"),\_\_\_\_\_

hereby attest to the following:

1. I own, or am an authorized agent of a legal entity that owns, property located in the Town of Derry, New Hampshire at the following locations:

\_,

Address:	, Parcel ID	_; Book/Page
Address:	, Parcel ID	_; Book/Page
Address:	, Parcel ID	_; Book/Page
Address:	, Parcel ID	_,Book/Page

(hereinafter "PROPERTY");

2. I am submitting an application to the Town of Derry to merge the PROPERTY as noted below, and;

L	Lot Number Retained Lot Numbe	r(s) Deleted
	TO BE DETERMINED BY THE T.	AX ASSESSOR
	Date: By	Assessor/Designee
3.	There are no mortgages on the PROPERTY (Init	ial)
	or	
	There are one or more mortgages on the PROPER'	ΓΥ, <u>all of which are held by the</u>
	mortgagees (mortgage holders) listed by name and	address below:

4. I certify I have read RSA 674:39-a, and understand that the lots merged pursuant to this application may not, after the application is approved, be separately transferred without subdivision approval and that the resulting lot shall be assessed and taxed as one lot.

I hereby declare that the statements made in this affidavit are true and correct.

Printed Name	Entity Name (if any)		
Signature	Date		-
Sworn to and subscribed before me this	day of	20	in the
County of Rockingham, State of New Ham	day of	, 20	in the

Notary Public / Justice of the Peace

My Commission Expires:

# AFFIDAVIT

### MORTGAGEE'S CONSENT TO LOT MERGER

As required by RSA 674:39-a

I,	, hereby declare that I am an officer or	
duly authorized agent of	, having an address	
or principal place of business at		
	(hereinafter "MORTGAGEE"), which	
holds a mortgage on property in the Town of Der	ry, New Hampshire owned by	
	and located at the	
following address(es):		
Address:	; Parcel ID;	
Address:	; Parcel ID;	
Address:	; Parcel ID ;	
Address:	; Parcel ID ;	
(hereinafter "PROPERTY").		

I hereby declare that I have actual authority, and am duly authorized, to consent on the MORTGAGEE's behalf to the merger of the PROPERTY, and I hereby so consent.

Printed Name	Title		
Signature	Date		
Sworn to and subscribed before me this	day of	, 20in t	he
County of Rockingham, State of New Han	pshire.		

Notary Public / Justice of the Peace

My Commission Expires: