TOWN OF BARNSTEAD PLANNING BOARD
THIRD-PARTY REVIEW (APPLICATION PHASE)
ACKNOWLEDGEMENT AND AUTHORIZATION

The undersigned applicant acknowledges, authorizes and agrees as follows regarding its application for COMMERCIAL DEVELOPMENT / PROPERTY SUBDIVISION / SITE PLAN REVIEW / OTHER filed with the Barnstead Planning Board BY:

(APPLICANT NAME):______________________________________________________________
(together with any successor in interest to such applicant, the “Applicant”) with respect to property located at:

ADDRESS:______________________________________________________

MAP:____________________ LOT:_________________ (the “Application”):

1. The Planning Board may engage one or more third party professionals to review the Application on its behalf and consult with the Planning Board during its review of and decision on the Application.

2. As authorized by New Hampshire law (RSA 676:4, I(g) and RSA 676:4-b), the Planning Board will require the Applicant to pay all expenses reasonably incurred by the Board in obtaining any such third-party review and consultation as the Board reasonably deems necessary for this Application, provided that it does not substantially replicate a review and consultation obtained by the Zoning Board of Adjustment.

3. The Applicant certifies that it shall pay the Planning Board in full for any and all such third party review expenses incurred by the Board with respect to the Application. The Applicant acknowledges that failure to pay such expenses shall constitute grounds for the Planning Board to deny the Application without prejudice.

4. The Planning Board will notify the Applicant promptly of its chosen third party consultant(s) and provide the Applicant with the consultant’s estimated cost of such services.

5. The Applicant may request the Planning Board choose a different third party consultant from one chosen by the Board and this request may include the name of a preferred consultant. The Planning Board shall exercise reasonable discretion to determine whether the request is warranted. When such a request is granted by the Planning Board, the 65-day period for the Board’s action on the Application shall be extended 45 days to provide the Board adequate time to identify and engage a different consultant. (RSA 676:4-b, I)

6. The Planning Board will require consultants to provide detailed invoices with reasonable task descriptions for services rendered with respect to the Application. Upon request of the Applicant, the Planning Board will provide a reasonably detailed accounting of expenses, or corresponding escrow deductions, with copies of supporting documentation. Attorney-client privileged information on such documentation (if any) will be redacted.
7. Review by any third party consultant will not begin until the Applicant has deposited with the Planning Board funding equivalent to 125% of the estimated cost of such services. Any funds not expended by the Planning Board for such services will be returned to the Applicant. To the extent the Applicant’s delay in depositing such funds with the Planning Board impacts the 65-day period for the Board’s action on the Application, the Applicant may waive such time period or the Board may deny the Application without prejudice.

8. Additional expenses shall be assessed on the Applicant upon reaching the upper limit of the consultant’s estimate. Additional expenses may be imposed for the following reasons: (a) the Applicant or the Board expands the scope of consultant services either by mutual agreement or if the Board reasonably determines it is necessary, (b) the Applicant substantially amends the Application, (c) additional meetings involving the consultant are requested by the Applicant, (d) the consultant’s appearance is requested at the Planning Board beyond what was originally anticipated, (e) the consultant’s attendance is required at one or more meetings with regional, state, or federal agencies which were not anticipated in the earlier scope of services.

APPLICANT
NAME:________________________________________________________
ADDRESS:_________________________________________________________________
EMAIL:________________________________________________________
PHONE #:________________________________________________________

Received By: ________________________
Title: _______________________________
Duly Authorized
DATE: ____________________________
AMOUNT:___________________________
CHECK #:____________________________