

SIGNATURES IN BLACK INK

**TOWN OF SALEM, NEW HAMPSHIRE
LOT CONSOLIDATION FORM**

The undersigned applicant requires that the Town of Salem, New Hampshire, hereby consolidate the following parcels of land for the purposes of being assessed and treated for regulatory purposes as a single tract or parcel of land:

Name of record owner(s) – must be identical for all lots consolidated

Mailing address of owner(s)

The following existing parcels are to be consolidated into a single parcel:

MAP LOT STREET ADDRESS
 DEED REFERENCE: BOOK PAGE

BOOK PAGE

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BOOK PAGE

It is a condition of this application that each of the above parcels shall (I) not be subject to separate liens or mortgages, or (II) any such liens apply equally to all parcels submitted. In addition, all real estate taxes on all parcels shall be current. Applicant understands that (I) this request is subject to approval of the Town Building Department to assure such action does not result in violation of Salem Land Use Ordinances, (II) that upon approval, a copy of this agreement shall be recorded in the Rockingham County Registry of Deeds, and (III) subsequent to the approval of this agreement, the owner(s) shall not separately convey or encumber any of the previously existing single parcels, such assurance being in the form of an enforceable restrictive covenant between the owner and the Town. Any attempt to separately convey any parcel or part of a parcel submitted hereunder shall require subdivision approval from the Salem Planning Board.

Dated this _____ day of _____, 20 ____.

Owner Signature

Owner Signature

Print Name

Print Name

Or

Legal Counsel to Applicant

Then personally appeared the above named owner(s) and acknowledge the foregoing to be his/her/their free act and deed.

Notary Public/Justice of the Peace

My commission expires: _____

By signing below, the application has been reviewed by the Salem Building Department and that the requested consolidation shall not result in violation of Salem Land Use Ordinances.

Salem Planning Director

By signing below, this request has been approved by the Salem Tax Assessor, delegated authority by the Salem Board of Selectmen.

New Map and Lot #: Map _____ Lot _____

Chief Assessor

One copy to be retained in Town files. One copy shall be forwarded to the Rockingham County Registry of Deeds for recording upon approval. Recorded copy to be returned to Owner(s).

*****To Registry of Deeds: