



Application(s) #: _____

Fees Paid: _____

Check #: _____

Receipt #: _____

PLANNING BOARD APPLICATION

Project Name: 33 White Oaks Subdivision

Project Address: 33 White Oaks Rd, Laconia, NH

Tax Map/ Lot # (s): 278/241/29 Zoning District (s): CR/RR-1 Parcel Size Acres: 16.28

Number of Lots: 25 Total Developed Land Area: 7.46 Building(s) and/or additions Total Sq. Ft. 24

Submittal Request (Check all that apply):

<input type="checkbox"/> Alternative Parking CUP	<input type="checkbox"/> Amendment	<input type="checkbox"/> Boundary Line Adjustment
<input type="checkbox"/> Boundary Line Agreement	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Cluster Development CUP
<input type="checkbox"/> Cluster Subdivision	<input type="checkbox"/> Condominium Subdivision	<input checked="" type="checkbox"/> Conventional Subdivision
<input type="checkbox"/> Discretionary Easement	<input type="checkbox"/> Marinas and Yacht Club CUP	<input type="checkbox"/> Minor Site Plan
<input type="checkbox"/> Performance Zoning CUP	<input type="checkbox"/> Site Plan (Commercial)	<input checked="" type="checkbox"/> Site Plan (Multi-family)
<input type="checkbox"/> Steep Slope CUP	<input type="checkbox"/> Wetland/Wetland Buffer CUP	<input type="checkbox"/> Other _____

Proposal Description: Please see enclosed Cover Letter

I hereby make application to the City of Laconia for the above-referenced property(ies) and the development as described. To the best of my knowledge the information provided herein is accurate and is in accordance with the Zoning Ordinance and land use regulations of the City, except where waivers are requested. The City of Laconia Planning Board, Minor Site Plan Committee, Technical Review Committee and/or city employees are authorized to enter the property(ies) for purposes of reviewing this proposal and for inspecting improvements as a result of an approval of this proposal. I understand that I am responsible for appearing, or having someone appear on my behalf, at any and all meetings before the Planning Board, Minor Site Plan Committee or Technical Review Committee.

Sign as appropriate (If agent or non-person please attach certification)

NOTE: Please attach an Applicant Contact Worksheet

PROPERTY OWNER 1

Printed Name: Daniel A. Greenhalgh

Signature: A handwritten signature in black ink, appearing to read "Daniel A. Greenhalgh".

Date: 1/28/26

PROPERTY OWNER 2

Printed Name: _____

Signature: _____

Date: _____

AGENT / APPLICANT

Printed Name: Scott Buonopane

Signature: A handwritten signature in black ink, appearing to read "Scott Buonopane".

Date: 1/28/26