



TOWN OF DUBLIN NOTICE OF VOLUNTARY MERGER

Pursuant To RSA 674:39-A

Print Name(s) of Property Owner(s): _____

Mailing Address: _____

Telephone: _____

Email: _____

Identify the parcels affected by this merger.

(If you don't know the Book and Page, leave this blank).

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 from the Town of Dublin. I (we) understand that a copy of this notice will be filed by the town of Dublin with the registry of deeds and a copy will be forwarded to the assessing officials of the town of Dublin.

Signature of Property Owner: _____ Name: _____
(Use Dark Blue Ink If Possible) (print)

Signature of Property Owner: _____ Name: _____
(Use Dark Blue Ink If Possible) (print)

Approved By: _____ Name: _____
Chair Dublin Planning Board (print)

Approval Date: _____

Print Name(s) of Property Owner(s): _____

Date of application: _____

For Town Use Only
VOLUNTARY MERGER

Planning Board Case # _____

The merged parcels shall result in one parcel identified as Map_____, Lot _____, Acreage _____

Date Received: _____ Total Fees: (\$32.00) Date Paid: _____

Initials

Date Approved: _____ Approved by: _____

Fees:

Dublin Administrative Fee:	\$20
Register of Deeds Recording Fee:	<u>\$12</u> (\$10 for first page, \$4 for each additional page, \$2 surcharge)
Total Fees	\$32