



**TOWN OF DURHAM**  
8 NEWMARKET RD  
DURHAM, NH 03824-2898  
PHONE: 603/868-8064  
www.ci.durham.nh.us

**APPLICATION FOR CONDITIONAL USE PERMIT**

*This form and all required information per Durham's Zoning Ordinance (Article VII, Section 175-23(C) attached) must be filed at least 20 days before the meeting of the Planning Board with the Planning Staff in person or by mail.*

**Property Location:**

Street Address 14 OYSTER RIVER ROAD  
Tax Map # 6 Lot # 4-28 Zone RA/SPGD

**Owner(s):**

Name DAVID ROBERT RANSOME  
Mailing Address 1202 BROOKHAVEN LANE  
WOONSOCKET RI 02895  
Daytime Phone (401) 765-3901 Fax ✓

If another person or firm will represent this application to the Town, please complete the following (letter of authorization should be included):

Name ELIZABETH & WILLIAM STINE  
Mailing Address 14 OYSTER RIVER ROAD  
DURHAM NH 03824  
Daytime Phone (603) 617-9758 Fax ✓  
(603) 767-0623

**Abutters:**

Attach a separate sheet listing by Map & Lot number, each owner's name, and mailing address of all abutters within 300 feet of the property. The list of abutters must include any holders of conservation, preservation, or agricultural preservation restrictions in accordance with RSA 676:4(I)(d).

**Name & Address of Licensed Professionals (as applicable):**

Engineer \_\_\_\_\_  
Land Surveyor TERRENCE PARKER, TERRA FIRMA LANDSCAPE ARCHITECTURE,  
Architect \_\_\_\_\_ 163a COURT STREET  
Soil Scientist \_\_\_\_\_ PORTSMOUTH  
NH 03801

Proposed Use: SINGLE-FAMILY RESIDENTIAL

Please prepare and attach a written description of the proposal.  
Length should not exceed three pages.

I certify that all information provided is, to the best of my knowledge true:

Owner's Signature: Chabell R Stine Date 11/7/2017