

**Applicant to File Duplicate Originals**  
**Please type of print legibly with black ink – signatures in black ink**

Include a check (payable to the Registry of Deeds) for recording fee in the amount of \$\_\_\_\_\_

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

The undersigned applicant requires that the Town of Raymond, 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 Owner(s) 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:

<b>Map #</b>	<b>Lot #</b>	<b>Street Address</b>	<b>Deed Reference</b>
_____	_____	_____	Book: _____ Page: _____
_____	_____	_____	Book: _____ Page: _____
_____	_____	_____	Book: _____ Page: _____
_____	_____	_____	Book: _____ Page: _____

*(Attach additional sheet if necessary)*

Applicant understands that (I) this request is subject to the Town Building Department to assure such action does not result in violation of Raymond Land Use Ordinances, (II) that upon approval, a copy of this agreement shall be recorded with 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 Raymond Planning Board.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

\_\_\_\_\_  
*Owner*

\_\_\_\_\_  
*Owner*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Print Name*

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

\_\_\_\_\_  
*Notary Public/Justice of the Peace*

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

\_\_\_\_\_  
*Raymond Building Official*

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

**Previous Map and Lot #: Map: \_\_\_\_\_ Lot \_\_\_\_\_**

**Newly Assigned 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).

**\*\*\*\*\*Note to Registry of Deeds\*\*\*\*\***

**Upon recording, return to:**

**Town of Raymond, NH  
Assessing Department  
4 Epping Street  
Raymond, NH 03077**