

Certificate of Monumentation



TOWN OF
NEWMARKET
NEW HAMPSHIRE

Subdivider's Name: _____

Mailing Address: _____

Email Address: _____

Business/Home Phone: _____

Street Address of Property Subdivided: _____

Tax Map and Lot: _____

Surveyor of Approved Plan: _____

Planning Board, Date of Approval: _____

Planning Board, Date of Conditional Approval: _____

Number of Granite Monuments Required by Approved Plan: _____

Number of Iron Pipes or other material required by Approved Plan: _____

Surveyor's Statement

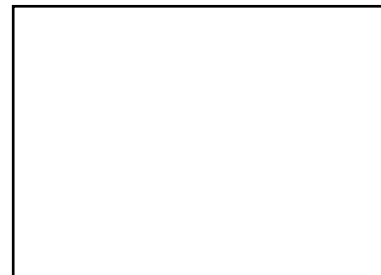
"I hereby certify that the monumentation required on the above referenced subdivision plan has been accurately installed under my supervision and said monumentation complies with §3.05 of the Newmarket Subdivision Regulations."

Survey Signature: _____

Surveying Company: _____

Phone: _____

Email: _____



Surveyor's Seal

Administration Use Only

Date Received: _____

Received by: _____