

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
NOTICE OF INTENT TO EXCAVATE
RSA 72-B

(Assigned by Municipality)

For Tax Year April 1, _____ to March 31, _____

YR TOWN OP# E

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PLEASE TYPE or PRINT (If filling in form on-line; use TAB key to move through fields)

- Town/City of: _____
- Tax Map/Block/Lot #: _____
- Name of Access Road: _____
- Total Acreage of Lot: _____
- Date of Permit per RSA 155-E:2: _____
or _____ (Municipal Excavation Permit)
- Date of Report, if required, per RSA 155-E:2, 1 (d): _____
- Permit Number per RSA 485-A:17, if any: _____
(Alteration of Terrain Permit)
- Incidental Construction/155-E:2-a Exception: Check if YES
- Total Permitted Area (acres): _____
- Excavation Area (acres) as of April 1: _____
- Reclaimed Area (acres) as of April 1: _____
- Remaining Cubic Yards of Earth to Excavate: _____
- Type of Ownership:
 - Owner of land
 - Previous owner retaining deeded earth excavation rights
 - Owner of earth or earth excavation rights on public lands (Fed., State, Municipal, etc) or, removes earth from public lands or right-of-ways

14. DESCRIPTION OF EARTH TO BE EXCAVATED DURING TAX YEAR

EARTH TYPE	ESTIMATED CUBIC YARDS (CY)
GRAVEL	
SAND	
LOAM	
STONE PRODUCTS	
OTHER ()	
TOTAL	

15. CHECK THE BOX THAT DESCRIBES THIS INTENT

- ORIGINAL WITH \$100 FEE (check payable to State of New Hampshire)
- ORIGINAL WITH NO FEE (excavation of 1,000 cubic yards or less)
- SUPPLEMENTAL WITH \$100 FEE (exceeding original estimate of 1,000 cubic yards or less)
- SUPPLEMENTAL WITH NO FEE (fee previously paid with original intent)

16. We hereby assume responsibility for reporting all earth excavated within 30 days of completion or by the end of the tax year, whichever comes first. (If a Corporation, an Officer must sign.)

PRINT CLEARLY OR TYPE NAME OF OWNER

SIGNATURE (in ink) OF OWNER(S) OR OFFICER(S) DATE SIGNED

PRINT SIGNATORY NAME (AND TITLE IF APPLICABLE)

SIGNATURE (in ink) OF OWNER(S) OR OFFICER(S) DATE SIGNED

PRINT SIGNATORY NAME (AND TITLE IF APPLICABLE)

MAILING ADDRESS		
CITY OR TOWN	STATE	ZIP CODE
E-MAIL ADDRESS		
HOME PHONE (Enter number without dashes)	CELL PHONE (Enter number without dashes)	

DATE INTENT SENT TO TOWN: _____

E-MAIL REPORT & CERTIFICATE? YES NO
If NO, Report and Certificate will be mailed to the address above.

TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

Amount of Security Required \$ _____
Security Posted (Bond, Certified Check, etc.) \$ _____

SIGNATURES OF MUNICIPAL ASSESSING OFFICIALS & DATE

The Municipal Assessing Officials hereby acknowledge receipt of the Notice of Intent to Excavate and certify that:

- All owners of record have signed the Intent;
- If the land is in Current Use, the land use change tax shall be assessed on the non-qualifying land;
- The form is complete; and
- Any bond required under RSA 72-B:5 has been received.
- The Tax Collector shall be notified within 30 days of signing the Intent pursuant to RSA 72-B:8

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE

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SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE

FOR DRA USE ONLY

SIGNED ORIGINAL COPY - RETAINED BY CITY/TOWN

SIGNED COPY TO - OWNER, RETURNED BY MUNICIPAL ASSESSING OFFICIALS

SIGNED COPY TO - DEPT. OF REVENUE, MUNICIPAL & PROPERTY DIVISION