



Town of Kingston New Hampshire

CERTIFICATE OF MONUMENTATION

SUBDIVIDER'S NAME: _____

MAILING ADDRESS: _____

STREET ADDRESS
OF SUBDIVIDED
PROPERTY: _____

(Tax Map Number)

(Date of Planning Board Approval)

(Recorded Plan Number)

(# of Granite Markers Required)

(# of Concrete Markers Required)

(# of Iron Pipes Required)

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 the provisions of the Town of Kingston's Ordinances, Rules and Regulations.

(Surveyor's Signature)

(Date)

(Name of Surveyor – Printed)

(Telephone Number/Cell Phone Number)

(Surveying Company)

For Planning Board Use Only:

Date of Receipt: _____ Received by: _____

Seal of Surveyor