

Application Date: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Date Accepted: \_\_\_\_\_ Hearing Date: \_\_\_\_\_  
Code Enforcement Officer: \_\_\_\_\_ **OFFICE USE ONLY**

**TOWN OF ASHLAND**  
20 HIGHLAND STREET – PO BOX 517 – ASHLAND, NH 03217  
603-968-4432 – FAX 603-968-3776  
landusezba@ashland.nh.gov

**Zoning Board of Adjustment Application**

**All submissions must include Site Plans prepared by a New Hampshire licensed surveyor containing, as a minimum, the following details:**

- The lot dimensions and any bounding streets with their right of way and pavement widths.
- The locations and dimensions of existing or required service area, buffer zones, landscaped areas, recreational areas, signs, right-of-way, streams, drainage, and easements.
- All existing and proposed buildings, additions or other structure with their dimensions.
- All setback dimensions (front, rear, side) and building heights.
- Computed lot and building areas with percentages of lot occupancy.
- Elevations or contours if required or relevant.
- The location and number of parking spaces and traffic lanes with their dimensions.
- Any required loading, unloading and trash storage areas.

**All site plans shall be submitted electronically as well as hard copy (seven 11” x 17” and three 22” x 34”).**

**Property Owner(s) / Applicant(s)**

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address of Property: \_\_\_\_\_

Tax Map & Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

*Please be advised that if you, as the property owner, are having an agent present your application to the Zoning Board, the “Letter of Authorization” form (page 7) must be filled out completely and submitted at the time of the application submission.*

**Agent(s)**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

**SECTION 1: TYPE OF APPLICATION (Check all that apply)**

- Appeal of Administrative Decision (Complete Sections 2, 3 and 6)
- Application for Special Exception (Complete Sections 2, 3 and 5)
- Application for Variance (Complete Sections 2, 3 and 4)
- Equitable Waiver of Dimensional Requirements (Complete Sections 2, 3 and 4)
- Application for Rehearing of ZBA Decision (Complete Sections 2 and 3)

**SECTION 2: ABUTTERS**

For the purpose of proper notification of all parties concerned, this application must include the correct names and addresses of all abutters, property owner(s), agent(s) and any professionals consulted in the preparation of this application (for example: engineers, architects, land surveyors and soil scientists). If additional space is required, please feel free to use additional paper.

**Property Owner(s):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Surveyor(s):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Agent:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Tax Map & Lot:** \_\_\_\_\_ **Name(s):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Tax Map & Lot:** \_\_\_\_\_ **Name(s):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Tax Map & Lot:** \_\_\_\_\_ **Name(s):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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Mailing Address: \_\_\_\_\_

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Mailing Address: \_\_\_\_\_

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Mailing Address: \_\_\_\_\_

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Mailing Address: \_\_\_\_\_

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Mailing Address: \_\_\_\_\_

**Tax Map & Lot:** \_\_\_\_\_ **Name(s):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Tax Map & Lot:** \_\_\_\_\_ **Name(s):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**SECTION 3: FEES**

Application Fee: \$ 110.00

Abutter Notices: \_\_\_\_\_ **Number of abutters** including property owner(s),  
surveyor, and agent if applicable **x the current**  
**certified return receipt postage fee**

**Total** \$ \_\_\_\_\_

(Checks to be payable to the Town of Ashland)

\*\*Notice to Applicant: The Board reserves the right to require payment of additional fees or costs that may be required during consideration of the application.

**SECTION 4: VARIANCE**

**Reason for Variance Request**

**Denial by Planning Board.**

**Date:** \_\_\_\_\_ **Reason:** \_\_\_\_\_  
(attach Notice of Decision)

**Denial by Building Inspector**

**Date:** \_\_\_\_\_ **Reason:** \_\_\_\_\_  
(attach denied permit application)

**Other (cite Zoning Ordinance section)** \_\_\_\_\_

**Brief Description of Proposal:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Variance cannot be granted unless the Zoning Board finds that the following statements are true. Provide a written explanation and supporting evidence for each of these statements.**

1. The variance will not be contrary to the public interest.
2. The spirit of the ordinance is observed;
3. Substantial justice is done;
4. The values of surrounding properties are not diminished;
5. Literal enforcement of the provisions of the ordinance would result in an unnecessary hardship.
  - a. For purposes of this subparagraph, “unnecessary hardship” means that, owing to special conditions of the property that distinguish it from other properties in the area;
    - (i) No fair and substantial relationship exists between the general public purposes of the ordinance provision and the specific application of that provision to the property; and
    - (ii) The proposed use is a reasonable one.
  - b. If the criteria in subparagraph (a) are not established, an unnecessary hardship will be deemed to exist if, and only if, owing to special conditions of the property that distinguish it from other properties in the area, the property cannot be reasonably used in strict conformance with the ordinance, and a variance is therefore necessary to enable a reasonable use of it.

The definition of “unnecessary hardship” set forth in subparagraph (5) shall apply whether the provision of the ordinance from which a variance is sought is a restriction on use, a dimensional or other limitation on a permitted use, or any other requirement of the ordinance.

I/We certify that we have read and personally reviewed this application and the materials submitted herewith, and that the information contained herein is true, correct and complete to the best of my/our knowledge and belief. I/We have read and will prepare testimony in support of the above necessary findings of fact.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

**SECTION 5: SPECIAL EXCEPTION**

**Reason for Special Exception Request**

**Denial by Planning Board.**

**Date:** \_\_\_\_\_ **Reason:** \_\_\_\_\_  
*(attach Notice of Decision)*

**Denial by Building Inspector**

**Date:** \_\_\_\_\_ **Reason:** \_\_\_\_\_  
*(attach denied permit application)*

**Other** *(cite Zoning Ordinance section)* \_\_\_\_\_

**Description of Proposal:**

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**Your Special Exception cannot be granted unless the Zoning Board finds that the following statements are true. You must be prepared to discuss or provide evidence in support of these statements. Provide a written explanation and supporting evidence for each of these statements.**

- The specific site is an appropriate location for the intended use or structure.
- The use will be compatible with neighboring land uses.
- The property values in the zone and in the surrounding area will not be reduced by such a use.
- There will be no nuisance or serious hazard to vehicles or pedestrians.
- Adequate and appropriate facilities will be provided for the proper operation of the proposed use.
- The proposed use will comply with the minimum lot sizes, frontage and set back requirements.
- Existing road and highways are capable of carrying the additional traffic.

I/We certify that we have read and personally reviewed this application and the materials submitted herewith, and that the information contained herein is true, correct and complete to the best of my/our knowledge and belief. I/We have read and will prepare testimony in support of the above necessary findings of fact.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

**SECTION 6: ADMINISTRATIVE APPEAL**

*If this decision occurred more than 30 days ago, stop here. You cannot appeal this decision according to RSA 676:5.*

**Attach a signed statement of the facts, as you understand them to be, and the grounds on which you will argue that the administrative official erred in his or her order, requirement, decision, or determination made in the enforcement of the Ashland Zoning Ordinance.**

I/We the undersigned allege there is an error in an order, requirement, decision, or determination made by an administrative official in the enforcement of the Town of Ashland Zoning Ordinance.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

**LETTER OF AUTHORIZATION**

Town of Ashland  
Zoning Board of Adjustment  
20 Highland Street  
Ashland, NH 03217-0517

Dear Respected Members of the Board,

I/We hereby authorize the following individual(s) and/or company to act on my/our behalf in regards to the Variance Application for property located on \_\_\_\_\_, Ashland, NH 03217.  
Reference Town of Ashland Tax Map & Lot: \_\_\_\_\_.

**AGENT INFORMATION:**

Name(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Property Owner(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner(s) Signature

\_\_\_\_\_  
Date