

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 for an Equitable Waiver of Dimensional Requirements

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: _____

Contact information: _____

All submissions must include Site Plans prepared by a New Hampshire licensed surveyor containing, at 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").

NOTE: This application is not acceptable unless all required statements have been made.
Additional information may be supplied on a separate sheet if the space provided is inadequate.

SECTION 1: ALL NOTIFICATION LETTERS

For the purpose of proper notification of all parties concerned, this application must include the correct names and mailing 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.

RSA 672:3 Abutter. – "Abutter" means any person whose property is located in New Hampshire and adjoins or is directly across the street or stream from the land under consideration by the local land use board. For purposes of receiving testimony only, and not for purposes of notification, the term "abutter" shall include any person who is able to demonstrate that his land will be directly affected by the proposal under consideration. For purposes of receipt of notification by a municipality of a local land use board hearing, in the case of an abutting property being under a condominium or other collective form of ownership, the term abutter means the officers of the collective or association, as defined in RSA 356-B:3, XXIII. For purposes of receipt of notification by a municipality of a local land use board hearing, in the case of an abutting property being under a manufactured housing park form of ownership as defined in RSA 205-A:1, II, the term "abutter" includes the manufactured housing park owner and the tenants who own manufactured housing which adjoins or is directly across the street or stream from the land under consideration by the local land use board.

Property Owner(s): _____

Mailing Address: _____

Licensed Professional(s): _____

Mailing Address: _____

Agent: _____

Mailing Address: _____

Abutters:

Tax Map & Lot: _____ Name(s): _____

Mailing Address: _____

Tax Map & Lot: _____ Name(s): _____

Mailing Address: _____

Tax Map & Lot: _____ Name(s): _____

Mailing Address: _____

Tax Map & Lot: _____ Name(s): _____

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Mailing Address: _____

Tax Map & Lot: _____ Name(s): _____

Mailing Address: _____

Tax Map & Lot: _____ Name(s): _____

Mailing Address: _____

Tax Map & Lot: _____ Name(s): _____

Mailing Address: _____

SECTION 2: FEES

Application Fee: \$ 110.00

Abutter Notices: _____ X \$10 Number of all notification letters

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 3: EQUITABLE WAIVER OF DIMENSIONAL REQUIREMENTS

An Equitable Waiver of Dimensional Requirements is requested from Article _____

Section _____ of the Ashland Zoning Ordinance to permit

1. Does the request involve a dimensional requirement, **not** a use restriction?
 yes no
2. Explain how the violation existed for 10 years or more with no enforcement action, including written notice being commenced by the Town.

OR

Explain how the nonconformity was discovered after the structure was substantially completed or after a vacant lot in violation had been transferred to a bona fide purchaser.

AND

How the violation was not an outcome of ignorance of the law or bad faith but resulted from a good faith error in measurement or calculation.

3. Explain how the nonconformity does not constitute a nuisance or diminish the value or interfere with future uses of other property in the area.

4. Explain how the cost of correction far outweighs any public benefit to be gained.

Applicant _____ Date _____

(Signature)

