

**TOWN OF WAKEFIELD  
ZONING BOARD OF ADJUSTMENT**  
2 High Street, Sanbornville, NH 03872  
603-522-6205

<i>(For office use)</i>	
Case Number:	_____
Date Received:	_____
Received by:	_____
Fees:	Application - \$125                      Amt. Pd \$ _____
	Public Notice - \$100                      Amt. Pd \$ _____ (includes newspaper notice)
	Cert. Mail - \$6.00 each                      Amt. Pd \$ _____ (owner, applicant, counsel/agent, abutters, interested parties)
	TOTAL RECEIVED:                      \$ _____
Check #:	_____                      Check date: _____

**APPLICATION FOR VARIANCE**

**Property Owner:**

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_

**Applicant (if different):**

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_

If applicant is not the owner, please state applicant's interest in the property: \_\_\_\_\_  
\_\_\_\_\_

**Agent or Legal Counsel:**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Description of Property: Wakefield Tax Map #:** \_\_\_\_\_ **Lot #** \_\_\_\_\_  
The 911 street address, the acreage or square foot area, length of road and water frontage,  
and any special characteristics of property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Driving Directions to Property:** (How do members and public find the property for a  
site walk?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Initials: \_\_\_\_\_ Owner's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Zoning District(s): (Please circle each district in which all or a portion of the property under consideration is located) 1. Residential I; 2. Residential II; 3. Business and Commercial; 4. Sanbornville Village; 5. Sanbornville Village Industrial; 6. Light Industrial; 7. Agricultural; 8. Aquifer Conservation (Overlay); 9. Wetland Conservation (Overlay); 10. Historic (Overlay); 11. Floodplain Development (Overlay).**

**A. Existing Variances or Special Exceptions:**

Are there any existing Variances or Special Exceptions on the property?

Yes \_\_\_\_ No \_\_\_\_ . If yes, please explain when and why such was required:

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

**B. Previous Denials:**

Has an application for a Variance or Special Exception on this property ever been denied? (If you are unsure of the answer to this question, please ask the Zoning Board's Clerk or request that the Zoning Board Chairman be contacted) Yes \_\_\_\_ No \_\_\_\_ . If yes, please explain when and why: \_\_\_\_\_

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

**C. Material Differences if Previously Denied:** If you were denied previously, state how this particular application and use proposed is now materially different from that which was denied: \_\_\_\_\_

\_\_\_\_\_

**D. Proposed Use:**

Please explain why you need a variance: \_\_\_\_\_

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

**E. Applicable Zoning Ordinance Provision:**

**This application is for Variance to the following Ordinance Article(s) and Section(s):**

Article \_\_\_\_\_, Section, \_\_\_\_\_ of the Zoning Ordinance.

Article \_\_\_\_\_, Section, \_\_\_\_\_ of the Zoning Ordinance.

Applicant's Initials: \_\_\_\_\_ Owner's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

F. **Criteria your application must meet for a Variance:** Complete sections 1 through 4, and either section 5A or section 5B below, thoroughly and with facts and assertions in support of your position.

1. The proposed use would not diminish surrounding property values because:

---

---

---

2. Granting the Variance would not be contrary to the public interest because:

---

---

---

3. Granting the variance would do substantial justice because:

---

---

---

4. The use is not contrary to the spirit of the ordinance because:

---

---

---

**If you are seeking a USE VARIANCE, complete only section 5.A. below. If you are seeking an AREA VARIANCE, complete only section 5.B. below. If you are seeking both a USE VARIANCE and an AREA VARIANCE, complete both sections 5.A. and 5.B. below.**

**Use Variance:**

**5.A.** Denial of the variance would result in unnecessary hardship to the owner because:

a. The zoning restriction as applied to the property interferes with the reasonable use of the property, considering the unique setting of the property in its environment such that \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

b. No fair and substantial relationship exists between the general purposes of the zoning ordinance and the specific restriction on the property because \_\_\_\_\_  
\_\_\_\_\_.

Applicant's Initials: \_\_\_\_\_ Owner's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

- c. The variance would not injure the public or private rights of others because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Area Variance:**

**5.B.** Denial of the variance would result in unnecessary hardship to the owner because:

- a. The following special conditions of the property make an area variance necessary in order to allow the development as designed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

- b. The same benefit cannot be achieved by some other reasonably feasible method that would not impose an undue financial burden because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

G. Does your proposed use also require Subdivision Approval by the Planning Board? Yes \_\_\_\_\_ No \_\_\_\_\_

H. Does your proposed use also require a Site Plan Approval by the Planning Board? Yes \_\_\_\_\_ No \_\_\_\_\_

I. Is this application required as a prerequisite to or otherwise necessary for a Site Plan Approval by the Planning Board? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant's Initials: \_\_\_\_\_ Owner's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION**

I/We hereby certify that:

I/We have read the instructions for completing this application for Variance.

I/We have completed this application as completely and fully as possible.

I/We have completed the checklist provided in the instructions and have attached all evidence, including plans or sketches, I/We intend to discuss at the Public Hearing on the application,

I/We understand that if this application is incomplete, it will be returned within a reasonable time following its submission, and that this may delay the scheduling of a Public Hearing.

I/We understand that I/We must appear in person at the Public Hearing to present and discuss this application. If I/We cannot appear in person, I/We will notify the Chairperson of the ZBA, in writing, designating the name of the individual who will appear for me/us.

The ZBA has permission to enter the property in order to conduct scheduled site walks upon reasonable prior notice.

**Applicant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Property Owner's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agent or Legal Counsel's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Applicant's Initials: \_\_\_\_\_ Owner's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**ABUTTERS LIST**

An abutter is defined as any property either directly adjacent to, diagonally across from, or across the street from the property in question.

Applicant's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**List the name and address of each abutter.**

**It is the applicant's responsibility to ensure that all abutters are listed.**

TAX MAP/LOT #	OWNER'S NAME	OWNER'S MAILING ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(use additional pages if necessary)

**Holders of conservation/preservation or other easements to the subject property are as follows:**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Person who prepared this list (print name): \_\_\_\_\_

Date Prepared: \_\_\_\_\_

I hereby certify that all information presented on this form is, to the best of my knowledge, correct.

Signature of Preparer \_\_\_\_\_

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

Signature of Owner (if different from applicant) \_\_\_\_\_

Applicant's Initials: \_\_\_\_\_ Owner's Initials: \_\_\_\_\_ Date: \_\_\_\_\_