

**TOWN OF WAKEFIELD**  
**ZONING BOARD OF ADJUSTMENT**  
2 High Street, Sanbornville, NH 03872  
Phone: (603)-522-6205 Ext.312 fax: (603)522-2295

(For office use)

Case #: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ By: \_\_\_\_\_

**Fees:** **Application** - \$125 \_\_\_\_\_

**Public Notice** - \$125 \_\_\_\_\_

(includes newspaper notice)

**Cert. Mail** - \$ \_\_\_\_\_ @ \_\_\_\_\_ = \$ \_\_\_\_\_  
(owner, applicant, abutter(s), counsel, interested parties)

\*Subject to current US Postal Service rates

Total Received: \$ \_\_\_\_\_ Check# \_\_\_\_\_

**APPLICATION FOR EQUITABLE WAIVER OF**  
**DIMENSIONAL REQUIREMENT**

**Property Owner:**

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Applicant:**

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 Counsel:**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Description of Property:** **MAP #:** \_\_\_\_\_ **Lot #** \_\_\_\_\_

The 911 street address, lot's square foot area, road and water frontage, and any other special characteristics of property are as follows: \_\_\_\_\_

**Location of Property:** Where is the property and how do members and public find the property for site walk? \_\_\_\_\_

**Zone:** (please circle) \_\_\_\_\_ **R-I** \_\_\_\_\_ **R-II** \_\_\_\_\_ **Agriculture** \_\_\_\_\_ **Industrial** \_\_\_\_\_ **Other: specify** \_\_\_\_\_

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

**A. Existing Variances:**

Are there any existing Variances or Equitable Waivers on the property?  
Yes\_\_\_\_ No\_\_\_\_. If yes, please explain when and why such was required:

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**B. Previous Denials:**

Has an application for a Variance or Equitable Waiver on this property ever been denied? Yes\_\_\_\_No\_\_\_\_. If yes, please explain when and why:\_\_\_\_\_

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(If you are unsure of the above two answers, please ask the Zoning Board's Clerk or request that the Zoning Board Chairman be contacted)

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

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**D. Proposed Equitable Waiver Summary:**

Please summarize what and why you need this Equitable Waiver (what dimensional, physical layout or mathematical requirement of the Zoning Ordinance is not met without an Equitable Waiver):

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**E. Applicable Zoning Ordinance Provision:** *This application is for an Equitable Waiver to requirements set forth in the following Ordinance Articles and Sections:*

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

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

**F. CONSIDERATIONS governing the granting of a dimensional equitable waiver (pursuant to RSA 674:33a):** (Complete each of the following statements, completely and with facts and assertions in support of each statement)

1. *The violation was not noticed or discovered by any owner, former owner, owner's agent or representative, or municipal official, until after a structure in violation had been substantially completed, or until after a lot or other division of land in violation had been subdivided by conveyance to a bona fide purchaser for value. The following are the circumstances leading to the discovery of the Ordinance violation:*

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AND

2. *The violation was not an outcome of ignorance of the law or ordinance, failure to inquire, obfuscation, misrepresentation, or bad faith on the part of any owner, owner's agent or representative, but was instead caused by either a good faith error in measurement or calculation made by an owner or owner's agent, or an error in ordinance interpretation or applicability made by a municipal official in the process of issuing a permit over which that official had authority. The cause or causes of the error is/are as follows:*

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OR

3. *In lieu of meeting the requirements under paragraphs 1 or 2, on this page, above, I can demonstrate to the satisfaction of the board that the violation has existed for 10 years or more, and that no enforcement action, including written notice of violation, has been commenced against the violation during that time by the municipality or any person directly affected. I intend to demonstrate this assertion by producing the following evidence at hearing, as follows:*

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**ADDITIONAL to meeting the requirements or criteria set forth in both paragraphs 1 and 2 above, or in lieu of paragraph 1 and 2, meeting the requirements or criteria set forth in paragraph 3 above, I understand that I must meet the requirements of both the paragraphs below, those being paragraphs 4 and 5, as follows:**

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

4. *The physical or dimensional violation does not constitute a public or private nuisance, nor diminish the value of other property in the area, nor interfere with or adversely affect any present or permissible future uses of any such property, because:*

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AND

5. *That due to the degree of past construction or investment made in ignorance of the facts constituting the violation, the cost of correction so far outweighs any public benefit to be gained, that it would be inequitable to require the violation to be corrected.*

I believe that this statement is so because: \_\_\_\_\_

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G. Is this application required as a prerequisite to or otherwise necessary for Subdivision Approval by the Planning Board?

\_\_\_\_\_Yes \_\_\_\_\_No.

H. 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: \_\_\_\_\_

I hereby certify that:

I have read the instructions for completing this application for an **EQUITABLE  
WAIVER OF DIMENSIONAL REQUIREMENT**,

I have completed this application as completely and fully as possible,

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

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

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

I understand that it is my sole responsibility to provide all information required to either the Clerk of the ZBA or the Chairperson of the ZBA, immediately upon request.

The ZBA has permission to enter the property to conduct scheduled site walks.

**Applicant's signature of affirmation:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Property Owners' signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agent or Counsel for Applicant, 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
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(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 which prepared this list (print name): \_\_\_\_\_

Date of Preparation: \_\_\_\_\_

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: \_\_\_\_\_