



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

(For office use)

Case Number: _____

Date Received: _____

Received by: _____

Fees: Application - \$125 Amt. Pd \$ _____

Public Notice - \$125 Amt. Pd \$ _____

(includes newspaper notice)

Cert. Mail - \$ each mt. Pd \$ _____

(applicant, owner, abutter(s), counsel, interested parties)

*based on current US Postal service rates

TOTAL RECEIVED: \$ _____

Check #: _____ Date: _____

APPLICATION FOR APPEAL OF ADMINISTRATIVE DECISION

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 _____ Agric _____ Indus _____ Other: specify _____

Applicant's Initials: _____ Owner's Initials: _____ Date: _____

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A. Existing Variances:

Are there any existing Variances, Special Exceptions or Equitable Waivers on the property?
Yes____ No____. If yes, please explain when and why such was required:

B Previous Denials:

Has an application for a Variance, Special Exception or Equitable Waiver on this property ever been denied? Yes____No____. If yes, please explain when and why:_____

(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 PROPOSED USE: Explain what you want to do:

Application is for an **APPEAL OF ADMINISTRATIVE DECISION** under
Article _____Section _____.

Does your proposed use also require Subdivision Approval? Yes _____ No _____

Does your proposed use also require Site Plan Approval? Yes _____ No _____

I understand that I must appear in person at the public hearing scheduled by the Board of Adjustment to present this appeal. If I cannot appear in person, I will notify the Board in writing of the name of the individual I designate to represent me at the hearing. I also understand that it is my sole responsibility, as the applicant, to provide the information required to the Secretary of the Board of Adjustment before a hearing can be scheduled.

Applicant's Initials: _____ Owner's Initials: _____ Date: _____

**ZONING BOARD OF ADJUSTMENT
EXPLANATION OF APPEAL**

Complete and attach this page if you are **APPEALING AN ADMINISTRATIVE DECISION**.

1. Name and Title of person, or name of board or other authority whose decision you are appealing.

2. Nature of the decision you are appealing (describe) _____

3. Section of ordinance involved: _____

4. Date of decision appealed from: _____

5. The decision or order appealed from was made in error, and should be reversed, for the following reasons: (See RSA 676.5)

Applicant's Initials: _____ Owner's Initials: _____ Date: _____

I hereby certify that:

I have read the instructions for completing this application for an **APPEAL OF ADMINISTRATIVE DECISION**,

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 in order 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: _____