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	Amt. Pd \$
	Public Notice - \$125 (includes newspaper notice)	Amt. Pd \$
	Cert. Mail - \$each @ (applicant, owner, abutter(s), co Based on current U.S. Postal Se	ounsel, interested parties)
Total Rece	eived: \$	Check #

APPLICATION FOR SPECIAL EXCEPTION

Property Owner:		
Name:		Telephone No
Mailing Address:		_ Town:
StateZip	E-mail:	
Applicant:		
Name:		Telephone No
Mailing Address:		_ Town:
StateZip	E-mail:	
If applicant is not the owner	r, please state applicant	's interest in the property:
Agent or Counsel:		Firm:
		Town:
		Town.
E-mail:		
Description of Property:	MAP #:	LOT #
	operty are as follows: _	and water frontage, and any other
		how do members and public find the
Zone: (Please circle)R-I	R-II Agricultural _	IndustrialOther: specify
Applicant's Initials:	Owner's Initials	Date

	ing Special Exceptions or Variances on the property?
Yes No	If yes, please explain when and why such was required:
3. Previous D	Denials:
1.1	for a Special Exception or Variance on this property ever beenNo If yes, please explain when and why:
•	of the above two answers, please ask the Zoning Board's Clerk or ning Board Chairman be contacted)
C. Material D	Differences if Previously Denied:
now materially diff	previously, state how this particular application and use proposed is ferent from that which was
D. Proposed U	Ü se:
Please explain in dand what use you a	etail what you want this Special Exception to accomplish or to allow are proposing:
E. Applicable	Zoning Ordinance Provision:
	for a Special Exception as provided for and required by the cee Articles and Sections:
	, Section,of the Zoning Ordinance, Section,of the Zoning Ordinance.
Applicant's Initials	S: Owner's Initials: Date:

Ordina	Criteria your application must meet for a Special Exception, which are in on to any special requirements set forth in the above-stated Articles/Sections of the ance: (Complete each of the following statements, completely and with facts and ons in support of each statement)
1.	The proposed use(s) is and shall be only those allowed in this Ordinance by Special Exception;
1.	The specific site is an appropriate location and of adequate size for the use, because:
2.	The use, as developed, will not adversely affect the character of the area in which the proposed use will be located, because:
3.	There will be no nuisance or serious hazard to vehicles or pedestrians, because:
4.	The use will not place excessive or undue burden on Town services and facilities, because:
5.	There would be no significant effect resulting from such use upon the public health, safety, and general welfare of the neighborhood in which the use would be located, because
6.	A Site Plan was submitted to the Planning Board on:
7.	A Public Hearing for the Planning Board was conducted on:, and the result of the hearing or hearings was/were:
A	eant's Initials: Date:

G. Board?		also require Subdivision Appro	val by the PlanningYesNo.
Doard.			10.
Н	Does your proposed use	also require a Site Plan Approv	
			YesNo
I.	-	for this Special Exception, in acc	
		listed on the bottom of Page 2, and other information I have end	
		following documents	
Applica	ant's Initials:	Owner's Initials:	Date:

T	hereb	y certif	v that:
1	110100	y CCI III	y mai.

I have read the instructions for completing this application for a **SPECIAL EXCEPTION**,

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' Signat	ure:	Date
Agent or Counsel for Ap	plicant signature:	Date:
	ABUTTERS' LIST	
Applicant's Initials:	Owner's Initials:	Date:

Applio	cant's Name:		_Telephone:
rojec	et Address:		
		nddress of each abutter. responsibility to ensure that a	all abutters are listed.
'AX	MAP/LOT #	OWNER'S NAME	OWNER'S MAILING ADDRES
	·		
ıse ad	ditional pages if		
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