

Moultonborough Zoning Board of Adjustment
P.O. Box 139
Moultonborough, NH 03254
(603) 476-2347

Date filed _____

(signed – ZBA)

Application for an Equitable Waiver of Dimensional Requirements

Name of applicant: _____

Address: _____

Owner: _____
(if same as applicant, write “same”)

Location of property: _____
(Street, number, tax map & lot number)

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.

APPLICATION FOR AN EQUITABLE WAIVER OF DIMENSIONAL REQUIREMENTS

An Equitable Waiver of Dimensional Requirements is requested from article _____ paragraph _____ of the zoning ordinance to permit _____

1. Does the request involve a dimensional requirement, not a use restriction?
() yes () no

2. Explain how the violation has 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 a bad faith but resulted from a legitimate mistake

3. Explain how the nonconformity does not constitute a nuisance nor diminish the value or interfere with future uses of the property in the area _____

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

Applicant _____ Date _____

(Signature)

The undersigned hereby applies for the granting of said **Equitable Waiver of Dimensional Requirements**. Under penalties of perjury, I/we represent that to the best of my/our knowledge, the data and information hereby submitted to obtain an Equitable Waiver of Dimensional Requirements from the Town of Moultonborough's Zoning Board of Adjustment is true and correct. It is understood that an action based on incorrect data may be subject to revocation. The Zoning Board of Adjustment may request that positive proof of ownership be presented with an application for Equitable Waiver of Dimensional Requirements.

Application for Equitable Waiver of Dimensional Requirements
Fee Schedule

All checks should be made payable to the Town of Moultonborough and should be attached with the Fee Schedule to the Application for Equitable Waiver of Dimensional Requirements.

Fee Schedule

Equitable Waiver of Dimensional Requirements	\$ 100.00
Letters to Abutters (Exclusive of Postage)	2.00 Each
Advertisement	\$ 50.00

The fees listed above must be received before the Board will consider an application. All abutter letters shall be received at the time of application with the form letter filled out ready for signature, postage applied and all certified mail cards and receipts prepared. Postage will be the responsibility of the applicant.

Minutes

Copies of the minutes and other public information will be made available upon receipt of \$.50 per page and the required postage.

Total

Equitable Waiver of Dimensional Requirement	_____
Advertisement	\$ 50.00
Number of Abutter Letters X \$2.00 (Not including postage)	_____
Total	\$ _____

Have all the necessary fees been paid by the applicant?

Yes _____

No _____

Abutters List

Name of Applicant: _____

Property Concerned: Tax Map _____

Lot Number _____

All abutters must be notified of the scheduled hearing by certified mail. Said notices to be mailed by the Zoning Board of Adjustment at the expense of the applicant not less than 5 days prior to the scheduled hearing.

Definition of "Abutter" (RSA 672:3)

"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.

The following are abutters to the above property: (Attach additional sheets with page numbers as needed.)

1. Tax Map _____ Lot Number _____
OWNER/APPLICANT

Name: _____

Address: _____

2. Tax Map _____ Lot Number _____
AGENT (if applicable)

Name: _____

Address: _____

3. Tax Map _____ Lot Number _____

Name: _____

Address: _____

4. Tax Map _____ Lot Number _____

Name: _____

Address: _____

5. Tax Map _____ Lot Number _____

Name: _____

Address: _____

6. Tax Map _____ Lot Number _____

Name: _____

Address: _____

7. Tax Map _____ Lot Number _____

Name: _____

Address: _____

MOULTONBOROUGH ZONING BOARD OF ADJUSTMENT
P.O. BOX 139
MOULTONBOROUGH, NEW HAMPSHIRE 03254
(603) 476-2347

DATE

Certified Mail - Return Receipt Requested

Dear Abutter,

The Moultonborough Zoning Board of Adjustment will hold a Public Hearing on Leave Blank to consider an application for **Name of Applicant, Tax Map Lot**, (Location of property) for a

_____ Variance

_____ Special Exception To Article _____ Paragraphs _____

of the Zoning Ordinance. This Hearing will be the _____ hearing scheduled at this meeting which begins at 7:30 P.M.

Applicant proposes to _____ Fill in what you propose to do _____

This Hearing will be held at the Town Offices. You are an abutter to this land and if you wish to be heard, please either attend the Hearing or send a letter or representative.

For further information you may call the Land use Office Monday - Thursday 8:00 AM - Noon & 12:30 PM - 4:00 PM, Friday 8:00 AM - Noon, at (603) 476-2347.

Very truly yours,

Robert H. Stephens
Chairman

RHS/blw

**MOULTONBOROUGH ZONING BOARD OF ADJUSTMENT
P.O. BOX 139
MOULTONBOROUGH, NEW HAMPSHIRE 03254
(603) 476-2347**

Certified Mail - Return Receipt Requested

Dear Abutter,

The Moultonborough Zoning Board of Adjustment will hold a Public Hearing on _____ to consider an application for _____, Tax Map
Lot _____, _____ for a

_____ Variance

_____ Special Exception To Article _____ Paragraphs _____

of the Zoning Ordinance. This Hearing will be the _____ hearing scheduled at this meeting which begins at 7:30 P.M.

Applicant proposes to:

This Hearing will be held at the Town Offices. You are an abutter to this land and if you wish to be heard, please either attend the Hearing or send a letter or representative.

For further information you may call the Land use Office Monday - Thursday 8:00 AM - Noon & 12:30 PM - 4:00 PM, Friday 8:00 AM - Noon, at (603) 476-2347.

Very truly yours,

Robert H. Stephens
Chairman

RHS/blw

Certified Mail Procedure

1. Address and apply appropriate fee for certified mail on one business size envelope for each abutter, with return address as:

Moultonborough Zoning Board of Adjustment
PO Box 139
Moultonborough, NH 03254.
2. Fill out abutter letter as shown in application package.
3. Fill out "Receipt for Certified Mail".
4. Fill out the Return Receipt Post Card.
5. Place under envelope flap, "Receipt for Certified Mail" and Return Receipt Post Card together and submit to the Land Use Office with your application and check for hearing.

Do Not Stuff or Seal Envelopes

Apply proper postage for current US Postal rates for First Class Mail, Certified Mail Fee and Return Receipt Fee.

Certified Return

1. Abutter's Name and Address
2. Record Article Number
(Transfer sticker number from top portion of certified mail receipt)
3. Service Type: Check box for Certified Mail
4. Address front of card "Sender" as

Moultonborough Zoning Board of Adjustment
PO Box 139
Moultonborough, NH 03254

**Moultonborough Zoning Board of Adjustment
P.O. Box 139
Moultonborough, New Hampshire 03254**

Authority for Inspection Or Examination Of Land

The undersigned hereby authorizes the Town of Moultonborough's Zoning Board of Adjustment, its members, officers, agents, employees, advisors or other in their company, to enter upon the property of _____ Tax Map ____ Lot # _____.

This property is the subject of an application presently pending before the Zoning Board of Adjustment. The purpose of the inspection is to conduct an examination or gather information in connection with said application.

The source of my authority to allow access to this property is:

Sole Owner: _____
Co-Owner: _____
Other (Explain): _____

I understand and agree that such inspection or examination may take place on more than one occasion, and may be conducted by more than one person.

Notice(s) regarding this inspection may be given to me by regular mail at the following address:

Date _____ Signature _____

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Zoning Board of Adjustment Fees

Variance

\$100 - Application & Hearing Fee

Special Exception

\$100 - Application & Hearing Fee

Equitable Waiver of Dimensional Requirements

\$100 - Application & Hearing Fee

Re-Hearing

\$100 - Hearing Fee

Appeal of Administrative Decision

\$200 - Application Fee (Non-Refundable)

\$200 - Hearing Fee

\$200 - Re-Hearing Fee

Plat Registration - *Applicants are responsible for all recording fees.*

All Plans, Plats and Notices of Decision are required to be recorded by the applicant at the Carroll County Registry of Deeds. Copies of all recorded documents shall be submitted back to the Town after recording at applicant's expense.

Abutters Notices

\$2 per Abutter + postage, certified mail, return receipt requested.

Advertisement Fee

\$50

