

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

**Application for Temporary Use Permit**  
as Per Article XI, C

1. Date received by Zoning Board of Adjustment \_\_\_\_\_

2. Name of Applicant: \_\_\_\_\_

Address of Applicant \_\_\_\_\_

\_\_\_\_\_

3. Briefly describe purpose for which temporary use is being requested.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Location Tax Map \_\_\_\_\_ Lot Number \_\_\_\_\_

5. Duration requested for such use: \_\_\_\_\_

6. Is this land or building currently being used by a Special Exception?

YES \_\_\_\_\_ No \_\_\_\_\_

7. Are any Federal, State or Local Permits required for this use?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Name of Agent(s) if any:

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NOTE: It is required that agent(s) have a letter of authorization from the owners.

Fee Schedule:

|                                                    |          |
|----------------------------------------------------|----------|
| Temporary Use Permit                               | \$100.00 |
| Letters to Abutters<br>Each (Exclusive of Postage) | \$ 2.00  |
| Advertisement                                      | \$ 50.00 |
| Total Due:                                         | \$_____  |

All Checks should be made payable to the Town of Moultonborough and should be attached to the application for a Temporary Use Permit.

Applicant's Signature: \_\_\_\_\_

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

## 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.

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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.

Applicant proposes to \_\_\_\_\_ Fill in what you propose to do \_\_\_\_\_

This Hearing will be held at the Town Offices and the Zoning Board of Adjustment meeting begins at 7:30 P.M. 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

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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 and the Zoning Board of Adjustment meeting begins at 7:30 P.M. 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**

