

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

Date filed _____

(signed – ZBA)

APPLICATION FOR A SPECIAL EXCEPTION

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 A SPECIAL EXCEPTION

Description of proposed use showing justification for a special exception as specified in the zoning ordinance Section (s) _____

Explain how the proposal meets the special exception criteria in Section _____ of the zoning ordinance: ([list all criteria from ordinance])

Criteria 1 - _____

Criteria 2 - _____

Criteria 3 - _____

Criteria 4 - _____

Criteria 5 - _____

Criteria 6 - _____

Criteria 7 - _____

Applicant _____ Date _____
(Signature)

**Town of Moultonborough
Zoning Board of Adjustment**

Application for Variance/Special Exception
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 a **Variance/Special Exception**.

Fee Schedule

Variance	\$ 100.00
Special Exception	\$ 100.00
Letters to Abutters	\$ 2.00
Advertisement	\$ 75.00

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 prepared by the applicant. 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**.

Totals

Special Exception	\$ _____
Variance	_____
Advertisement	\$ 75.00
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

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 _____
From Section(s) _____
Special Exception _____

of the Zoning Ordinance. This Hearing will be the _____ hearing scheduled at this meeting which begins at 7:00 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 Department Monday - Thursday 7:30 AM - Noon & 12:30 PM - 4:00 PM, Friday 7:30 AM – 11:30 AM, 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

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

_____ From Section(s) _____
_____ Special Exception

of the Zoning Ordinance. This Hearing will be the _____ hearing scheduled at this meeting which begins at 7:00 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 Department Monday - Thursday 7:30 AM - Noon & 12:30 PM - 4:00 PM, Friday 7:30 AM - 11:30 AM, 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. Place Receipt for Certified Mail" under envelope flap 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.

**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 _____

Moultonborough Planning Board And Zoning Board of Adjustment

Office Hours

Monday through Thursday 7:30 A.M. To 12:00 P.M.
12:30 P.M. To 4:00 P.M.

Friday 7:30 A.M. To 11:30 A.M.

Meetings

Zoning Board First and Third Wednesday of Each Month
7:00 P.M. At The Moultonborough Town Offices,
Unless Otherwise Specified

Planning Board Second and Fourth Wednesday of Each Month
7:00 P.M. At The Moultonborough Town Offices,
Unless Otherwise Specified

For Information, Please Call:

Bonnie L. Whitney
Administrative Assistant
476-2347



Town of Moultonborough Office of Development Services Fee Schedule

Planning Board Fees (Effective August 1, 2010)

Major Subdivision (3 or more lots)
\$300 + \$100 per newly created lot

Minor Subdivision (2 lots w/no further subdivision)
\$275

Site Plan Review
\$250

Boundary Line Adjustment
\$200

Voluntary Merger
\$0

Special or Conditional Use Permit (fee waived if part of concurrent application)
\$100

Plat Registration

Applicants are responsible for all recording fees.

All Plats, Notices of Decision and Planning Board required documents 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.

Zoning Board Fees (Revised May 12, 2008)

Application & Hearing Fees

Variance
\$100

Special Exception
\$100

Equitable Waiver of Dimensional Requirements
\$100

Re-Hearing

\$100 - Hearing Fee

Appeal of Administrative Decision Fees

\$200 - Application Fee (Non-Refundable)

\$200 - Hearing Fee

\$200 - Re-Hearing Fee (If Granted by ZBA)

Plat Registration

Applicants are responsible for all recording fees.

All Zoning Board required documents 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 for all Planning & Zoning Applications

\$2 per Abutter + postage, certified mail.

Advertisement Fee for all Planning & Zoning Applications
\$75

Hard Copies
\$0.50 per page.

Electronic Document Transmittal
\$5.00 per transmitted document