

ANTRIM ZONING BOARD OF ADJUSTMENT

P.O. BOX 517
ANTRIM, NEW HAMPSHIRE 03440
(603) 588-6785

APPLICATION FOR APPEAL

ZBA File # _____	Date Received _____	By _____
(for office use only)		

1. Name & address of applicant: _____

_____ Phone #: _____

2. Name & address of owner(s) of record (if other than applicant): _____

_____ Phone #: _____

3. Location of property: _____

4. Zoning District: _____ Tax Map # _____ Lot # _____

NOTE: Fill in Section 1, 2 or 3 as appropriate. 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 not adequate.

SECTION 1: APPEAL FROM AN ADMINISTRATIVE DECISION

Relating to the interpretation and enforcement of the provisions of the zoning ordinance.

Decision of the enforcement officer or Board to be reviewed: _____

_____ Date: _____

Article: _____ Section: _____ of the zoning ordinance in question: _____

SECTION 2: APPLICATION FOR A SPECIAL EXCEPTION

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

SECTION 3: APPLICATION FOR A VARIANCE

A variance is requested from Article _____ Section _____ of the zoning ordinance

to permit _____

Facts supporting this request (use additional sheets if necessary):

1. The proposed use would not diminish surrounding property values because:

2. Granting the variance would be of benefit to the public interest because:

3. Denial of the variance would result in unnecessary hardship to the owner because of the following special circumstances of the property that distinguishes it from other properties similarly zoned:

4. Granting the variance would do substantial justice because:

5. The use is not contrary to the spirit of the ordinance because:

Applicant: _____ Date: _____

AGENT AUTHORIZATION (If Applicable)

I authorize _____ to act as my agent and represent me before the Antrim Zoning Board of Adjustment;

Date: _____

Signed: _____

"I hereby authorize the Antrim Zoning Board of Adjustment and its agents to access my land for the purpose of reviewing this proposal, performing inspections deemed necessary by the Board or its agents to ensure conformance of the on site improvements and the approved plan and all Town of Antrim ordinances and regulations"

Date: _____

Signed: _____