

**TOWN OF WAKEFIELD  
ZONING BOARD OF ADJUSTMENT**  
2 High Street, Sanbornville, NH 03872  
603-522-6205

<i>(For office use)</i>		
Case Number:	_____	
Date Received:	_____	
Received by:	_____	
Fees:	Application - \$125	Amt. Pd \$ _____
	Public Notice - \$121 (includes newspaper notice)	Amt. Pd \$ _____
	Cert. Mail - \$6.50 each (applicant, owner, abutter(s), counsel, interested parties)	Amt. Pd \$ _____
	<b>TOTAL RECEIVED:</b>	<b>\$ _____</b>
Check #:	_____	Check date: _____

**APPLICATION FOR APPEAL OF ADMINISTRATIVE DECISION**

**Property Owner:**

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Applicant:**

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ **E-mail:** \_\_\_\_\_

If applicant is not the owner, please state applicant's interest in the property: \_\_\_\_\_  
\_\_\_\_\_

**Agent or Counsel:**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

**Description of Property:**                      **MAP #:** \_\_\_\_\_                      **Lot #** \_\_\_\_\_

The 911 street address, lot's square foot area, road and water frontage, and any other special characteristics of property are as follows: \_\_\_\_\_  
\_\_\_\_\_

**Location of Property:**                      Where is the property and how do members and public find the property for site walk? \_\_\_\_\_  
\_\_\_\_\_

**Zone:** (Please circle)         **R-I**         **R-II**         **Agric**         **Indus**         **Other: specify** \_\_\_\_\_

Applicant's Initials: \_\_\_\_\_ Owner's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Initials: \_\_\_\_\_ Owner's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**A. Existing Variances:**

Are there any existing Variances, Special Exceptions or Equitable Waivers on the property?

Yes\_\_\_\_\_ No\_\_\_\_\_. If yes, please explain when and why such was required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B Previous Denials:**

Has an application for a Variance, Special Exception or Equitable Waiver on this property ever been denied? Yes\_\_\_\_\_No\_\_\_\_\_. If yes, please explain when and why:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(If you are unsure of the above two answers, please ask the Zoning Board's Clerk or request that the Zoning Board Chairman be contacted)

**C PROPOSED USE:** Explain what you want to do:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application is for an **APPEAL OF ADMINISTRATIVE DECISION** under Article \_\_\_\_\_ Section \_\_\_\_\_.

Does your proposed use also require Subdivision Approval? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your proposed use also require Site Plan Approval? Yes \_\_\_\_\_ No \_\_\_\_\_

**I understand that I must appear in person at the public hearing scheduled by the Board of Adjustment to present this appeal. If I cannot appear in person, I will notify the Board in writing of the name of the individual I designate to represent me at the hearing. I also understand that it is my sold responsibility, as the applicant, to provide the information required to the Secretary of the Board of Adjustment before a hearing can be scheduled.**

Applicant's Initials: \_\_\_\_\_ Owner's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**ZONING BOARD OF ADJUSTMENT  
EXPLANATION OF APPEAL**

Complete and attach this page if you are **APPEALING AN ADMINISTRATIVE DECISION**.

1. Name and Title of person, or name of board or other authority whose decision you are appealing.

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2. Nature of the decision you are appealing (describe) \_\_\_\_\_

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3. Section of ordinance involved: \_\_\_\_\_

4. Date of decision appealed from: \_\_\_\_\_

5. The decision or order appealed from was made in error, and should be reversed, for the following reasons: (See RSA 676.5)

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Applicant's Initials: \_\_\_\_\_ Owner's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that:

I have read the instructions for completing this application for an **APPEAL OF ADMINISTRATIVE DECISION**,

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' Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agent or Counsel for Applicant, signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applicant's Initials: \_\_\_\_\_ Owner's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

