

**TOWN OF BARNSTEAD
ZONING BOARD OF ADJUSTMENT
P.O. BOX 11
CENTER BARNSTEAD, NH 03225
603-269-2299 X 4**

APPLICATION FOR APPEAL

FOR OFFICIAL USE ONLY

_____ Administrative Decision
 X Special Exception
_____ Variance
_____ Equitable Waiver

Case Number _____
Date Received _____
Date of Hearing _____

Owner of Property: _____

Mailing Address: _____

Telephone Number: Home _____ Other: _____

E-Mail Address: _____

Location of property _____

Map _____ Lot _____ Zoning District _____

Existing use of Property: _____

Proposed Use: _____

Details of Request: (describe project you are seeking approval for):

Name of Applicant/Representative: _____

(if same as applicant, write "same")

Mailing Address: _____

Telephone Number: Home _____ Other: _____

E-Mail Address: _____

APPLICATION FOR APPEAL: SPECIAL EXCEPTION

Under Article 9, Section 9-2, the undersigned hereby requests a special exception as permitted in the Town of Barnstead Zoning Ordinance Table 1 Permitted Uses by District or Zone and asks approval for the land use. Identify the district and the land use using Table 1 of the Zoning Ordinance:

The undersigned alleges that the requested use is permitted in the Town of Barnstead Zoning Ordinance Table 1 – Permitted Uses by District or Zone, **AND**:

1. Meets the requirements and standards for the use as set forth in Article 9, Section 9-2,

2. Will not create undue traffic congestion or unduly impair pedestrian safety because:

3. Will be provided with adequate and proper facilities and will not overload any public or private water, drainage, or sewer system or any other municipal system, nor will there be any significant increase in storm water runoff onto adjacent property or streets because:

4. The requested use will not create excessive demand for municipal, police, fire protection, schools, or solid waste disposal services because:

APPLICATION FOR APPEAL: SPECIAL EXCEPTION

5. Will not create hazards to the health, safety or general welfare of the public, nor be detrimental to the use of or, out of character with, the adjacent neighborhood because:

6. Is appropriate for the proposed location because:

7. Is consistent with the spirit and intent of the Ordinance and the Master Plan because:

Signature: _____

Print Name: _____

Date: _____

APPLICATION FOR APPEAL: SPECIAL EXCEPTION
ZONING APPEAL: Supporting Documentation:

The Applicant shall submit to the Board of Adjustment **one (1)** copy of the Application for Appeal and all supporting documents.

The Applicant shall submit to the Board of Adjustment **two (2) copies** of a complete and legible site plan, drawn to scale showing in correct detail the following elements **where applicable**:

1. Area of lot;
2. Location of existing and proposed buildings;
3. Proposed layout of existing and proposed outside facilities;
4. Proposed layout of parking areas and loading bays; including
5. Proposed type and location of screening, of recreation and play areas, and of areas for outside storage of materials;
6. Location of access, egress, and interior roadways;
7. Location and adequacy of utilities, drainage, and provision for public safety.

IMPORTANT:

Site plans must be provided according to the above listed elements, and, if in the Code Administrator's determination such site plan is inadequate, any Special Exception and/or Variance appeal will not be placed on the agenda until he feels all requirements have been met. An appellant has the right to appeal the Code Administrator's denial of such placement on the agenda. If the Board, upon such appeal, sustains the Code administrator's denial, it will not hear the case until the case is properly noticed following submission of an adequate site plan. If the Board overrules the Code Administrator's denial, the case will be heard that evening or at the next soonest Board meeting for which the appellant is prepared to proceed.

**FEE SCHEDULE
ZONING BOARD OF ADJUSTMEINT
TOWN OF BARNSTEAD**

Appeal from an Administrative Decision	\$50.00
Application for a Special Exception	\$50.00
Application for a Variance	\$50.00
Application for an Equitable Waiver	\$50.00
Notification Fee	\$3.00 per abutter

Notification fees are required for each application made to the Board of Adjustment. The fee covers the time and labor for preparing certified mailing for public hearings, reproduction costs, and posting costs. (The applicant is required to provide the certified mail postage of \$5.54 per envelope.) Notification fees shall be paid at the time of filing the application and for each successive notification, as necessary.

- Applicant is responsible for:
- addressing the envelopes
 - affixing the certified postage (\$5.54)
 - completing the certified mail receipt and the green card
(See preparation of envelopes)

The Zoning Board Secretary will create the notice and mail the envelopes.