



Zoning Board of Adjustment Application for an Equitable Waiver of Dimensional Requirements

Date Filed: _____
Rec'd by: _____
Case No.: _____
App. Fee: _____
Total Fee Rec'd: _____

Name of Applicant: _____

Mailing Address: _____

Phone: _____ E-mail: _____

Owner (If same as applicant, write "same"): _____

Mailing Address: _____

Phone: _____ E-mail: _____

Tax Map/ Lot # (s): _____ Zoning District (s): _____

Street Address: _____

OWNER AUTHORIZATIONS & STATEMENTS OF ASSURANCE:

1. I/we do hereby authorize _____ to file this application with the Zoning Board of Adjustment, to appear before the Board and to act on my/our behalf; and
2. I/we do hereby authorize members of the Zoning Board of Adjustment and/or staff to enter upon the property for purposes of reviewing this application; and
3. I/we have read the Notice and Instructions to Applicants; and
4. To the best of my/our knowledge the information contained in this application is complete and accurate.

Owner(s) Signature(s): _____ Date: _____

_____ Date: _____

_____ Date: _____

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.

An Equitable Waiver of Dimensional Requirements is requested from Article _____

Section _____ of the zoning ordinance to permit _____

1. Does the request involve a dimensional requirement, not a use restriction?

☐

Yes

☐

No

2. Explain how the violation has existed for 10 years or more with no enforcement action, including written notice, being commenced by the town.

-Or-

Explain how the nonconformity was discovered after the structure was substantially completed or after a vacant lot in violation had been transferred to a bona fide purchaser.

-And-

How the violation was not an outcome of ignorance of the law or bad faith but resulted from a good faith error in measurement or calculation.

3. Explain how the nonconformity does not constitute a nuisance nor diminish the value or interfere with future uses of other property in the area.

4. Explain how the cost of correction far outweighs any public benefit to be gained.

EQUITABLE WAIVER APPLICATION CHECKLIST

ITEM	REQUIRED	SUBMITTED
1. Completed Application, signed by the owner or Authorized Applicant.	X	
2. Completed Notification List	X	
3. Payment of Application and Notification Fees	X	
4. One (1) 11' X 17" copy of the plan Three (3) 22" x 34" or larger copies of the plan	X	
5. Elevation drawings for of all structures including critical dimensions	X	
6. An accurate, scaled plan	X	
PLAN CHECKLIST		
a. Date of plan	X	
b. Name and signature of the preparer	X	
c. Plan prepared by a NH Licensed Surveyor when any dimensional relief is requested, include professional seal	X	
d. Owner(s) of record	X	
e. Scale	X	
f. North Arrow	X	
g. Tax Map and Lot No.	X	
h. Street Address	X	
i. Zoning District (s)	X	
j. Lot lines with dimensions	X	
k. Lot line setbacks as per the Zoning District	X	
l. Location and dimensions of all existing structures	X	
m. Dimensions for all existing setback encroachments	X	
n. Indication of the direction(s) of surface runoff where there is earth disturbance	X	
o. Computed existing and proposed lot coverage including % lot area	X	
p. Other site features as may be present including but not limited to utilities, septic system, well, driveways, existing easements, streams, wetlands, buffer zones, exposed ledge, accessory structures, parking areas.	X	

NOTE: The Zoning Board of Adjustment reserves the right to require additional information as it determines necessary to make an informed decision.



Town of Meredith Application Notification List

Applicant: _____ **Tax Map/ Lot #:** _____

Address: _____

The following information shall be submitted as part of all applications to the Zoning Board of Adjustment or Planning Board. Your application cannot be processed without a completed, legible Notification List. The list shall include all of the following:

1. The name and mailing address of the **owner(s)** of the subject property if other than the applicant; and
2. The name and mailing address of the owners of all **abutting properties**, vacant or improved. The name and mailing address shall be from the Town Assessor's records not more than 5 days before the filing of the application. "Abutter" for purposes of notification means any person whose property adjoins or is directly across the street or stream from the land under consideration. See RSA 672:3 for reference; and
3. The name and business mailing address of all **professionals** whose seal appears on any plan submitted to the board as part of the application.
4. The name and mailing address of all parties holding conservation, preservation, or agricultural preservation **restrictions on the property**. See RSA 477:45 for reference.

Tax Map & Lot No.	Name	Address	City, State

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