



## Zoning Board of Adjustment Application for Special Exception

Date Filed: \_\_\_\_\_  
Rec'd by: \_\_\_\_\_  
Case No.: \_\_\_\_\_  
App. Fee: \_\_\_\_\_  
Notification 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.

A Special Exception is requested from article \_\_\_\_\_ section \_\_\_\_\_  
of the Zoning Ordinance to permit \_\_\_\_\_

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Explain how the proposal meets each of the general Special Exception Criteria as specified in the Zoning Ordinance pursuant to Article VII, Section A, a-d as follows:

- a. That the use will not be detrimental to the character or enjoyment of the neighborhood by reason of undue variation from the kind and adverse violation of the character or appearance of the neighborhood.

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- b. That the use will not be injurious, noxious or offensive and thus detrimental to the neighborhood.

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- c. That the use will not be contrary to the public health, safety of welfare by reason of undue traffic congestion or hazards, undue risk to life and property, unsanitary or unhealthful emissions or waste disposal or similar adverse causes or conditions.

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## SPECIAL EXCEPTION APPLICATION CHECKLIST

REQUIRED ITEMS	APPLICANT	STAFF
1. Completed Application, signed by the owner		
2. Completed Notification List		
3. Payment of Application and Notification Fees		
4. One (1) 11' X 17" copy of the plan Three (3) 22" x 34" or larger copies of the plan		
5. Elevation drawings for of all proposed structures including critical dimensions		
6. Applications for Accessory Apartments, Boathouses & Short Term Rentals must address specific criteria (see Article VII. Section B)		
<b>PLAN CHECKLIST</b>		
a. Date of plan		
b. Name and signature of the preparer		
c. Plan prepared by a NH Licensed Surveyor when any dimensional relief is requested, include professional seal		
d. Owner(s) of record		
e. Scale		
f. North Arrow		
g. Tax Map and Lot No.		
h. Street Address		
i. Zoning District (s)		
j. Lot lines with dimensions		
k. Lot line setbacks as per the Zoning District		
l. Location and dimensions of all existing and proposed structures		
m. Dimensions for all existing and proposed setback encroachments		
n. Indication of the direction(s) of proposed surface runoff where earth disturbance is proposed		
o. Computed existing and proposed lot coverage including % lot area		
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.		

Note: the ZBA reserves the right to require additional information as it determines necessary to make an informed decision.



## Town of Meredith Application Notification List

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**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

Tax Map & Lot No.	Name	Address	City, State