



## **ZBA APPLICATION INSTRUCTIONS**

(Updated Jan 2015)

Please read **ALL** these instructions carefully. Noncompliance with the directions may result in your application being rejected for correction and delay in the scheduling of your hearing.

**NOTICE TO ALL APPLICANTS: The Zoning Board of Adjustment may refuse to hear your application if there is not a referral or denial by the Department of Building Safety and/or the Plaistow Planning Board or other Town board of similar authority.**

1. Complete the attached application for **one** of the following: Special Exception, Variance, Appeal of Administrative Decision or Equitable Waiver. If you are applying for more than one of the above listed, a second application from will be required. **Do not use the same application for both requests.** Submitting more than one request on an application may cause postponements in the time frame your case will be heard.
2. The **applicant** is responsible for submitting a correct list **all abutters**, with complete mailing addresses. Be sure to include the **full mailing address** (street number, where applicable) and zip codes of the **owner** of the property. Be aware that the post office returns all mail to the sender if the address is not **absolutely** correct. We request three sets of mailing labels with the abutters name, address and zip code, in order to expedite your application. Please do not put tax map and lot numbers on the mailing labels. You will only need to enclose one list of abutters for multiple applications for the same property submitted at the same time.
3. An **application fee** of \$125.00/application (for example, two variance applications requires two application fees) and a **certified mail fee** (current postal rate for certified/return receipt mail) per abutter (**including the applicant**) must be paid at the time of application submission. Payment may be made by check or **exact** change only.
4. ZBA hearings are held on the **last Thursday** (except when that Thursday involves a holiday) of the month at **7:00PM** at the Town Hall. Applications must be submitted and the above stated fees paid at least **15 days prior** to the hearing date. **Please see list of deadlines and meeting dates approved by the Board.** Applications must be received **by 3:30pm** on the filing deadline date, **NO EXCEPTIONS.**
5. Where plans are required **four (4) copies of the plan** must be provided on a scale of 1" = 20' and, when appropriate or required, must bear the seal of a professional engineer, licensed in New Hampshire as specified in Article XX of the Zoning Ordinance. Plans must be submitted with the application.
6. If the request for hearing is for a:  
**SIGN:** A drawing to scale, of the entire sign, and building façade for attached signs, must accompany the application and the location of the sign must be shown (See Article IX).  
**IN-LAW APARTMENT:** Complete floor plans for the in-law, indicating the square footage of the living space, as well as a rendition of what the outside would be proposed to look like and a copy of the deed (See Article VIII).  
**HOME OCCUPATION:** A drawing, with measurements of the entire home, clearly marking the portion to be occupied by the business and a copy of the deed must be submitted with the application (See Article X).

**IF THE APPLICANT IS NOT THE PROPERTY OWNER, WRITTEN AUTHORIZATION FROM THE PROPERTY OWNER MUST ACCOMPANY THE APPLICATION.**

**What to expect:** You will receive a certified notice in the mail, with the information regarding your hearing (and other hearings scheduled for that night). You or a representative of yours must be present at the hearing. **Be prepared to make a presentation** regarding your request (pictures, plans, documents... are helpful and should be marked with the property address for identification). Any evidence you present to the Board in support of your case becomes part of the record and will **not** be returned. The Board will hear your case, ask questions and hear from any interested parties who are present. After hearing all cases, the Board will not hear any more input from members of the public and will deliberate the cases presented. A verbal decision will most likely be made that evening followed by a written notice to the applicant within 10 days.



Plaistow Zoning Board of Adjustment  
145 Main Street – Plaistow, NH 03865  
Telephone – 603-382-1191 X3

For Office Use Only
Case # _____
Date Submitted: _____
Hearing Date: _____
# of Notices: _____

**APPLICATION FOR APPEAL**

Note: all matters that come before the ZBA are referred to as “appeals.” This form is required to be filled out for all applications including: Appeal of Administrative Decision; Special Exception; Variance and Equitable Waiver.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street & Apt. #) (Town) (State) (Zip)

Telephone: ( ) \_\_\_\_\_ Contact Name: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Zone: \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

- *The Article and Section Numbers **must** be completed. If you are unsure of these numbers please seek the guidance of the Building Inspector’s Office.*

**APPEAL FROM AN ADMINISTRATIVE DECISION:** *relating to the interpretation and enforcement of the provisions of the zoning ordinance.*

Decision of the enforcement officer to be reviewed: \_\_\_\_\_

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**APPLICATION FOR A SPECIAL EXCEPTION:**

Article: \_\_\_\_\_ Section: \_\_\_\_\_

To permit: \_\_\_\_\_

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**APPLICATION FOR VARIANCE:**

- Article: \_\_\_\_\_ Section: \_\_\_\_\_

A variance of the Zoning Ordinance to permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Facts supporting this request (all must be completed):***

1. The proposed variance will not be Contrary to the Public Interest because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. The Spirit and Intent of the Ordinance is preserved because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. There is Substantial Justice in Granting the variance because: *(NOTE: Any loss to the individual that is not outweighed by a gain to the general public is an injustice)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. The Values of the Surrounding Properties will not be Diminished because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Literal enforcement of the provisions of the ordinance would result in an Unnecessary Hardship because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FEEL FREE TO USE ADDITIONAL PAPER AS NEEDED TO PROVIDE COMPLETE ANSWERS**

**REQUEST FOR EQUITABLE WAIVER:**

- Article \_\_\_\_\_ Section: \_\_\_\_\_

An equitable Waiver is requested from the above Zoning Ordinance to Permit: \_\_\_\_\_

\_\_\_\_\_

a.) Has the violation existed in excess of ten years? \_\_\_\_\_ If not, was the violation discovered after the structure was substantially built? \_\_\_\_\_

b.) Was this a good faith error in measurement? \_\_\_\_\_

c.) Will this violation be a public or private nuisance? \_\_\_\_\_

d.) Will the cost of fixing the violation far outweigh any benefit to the public? \_\_\_\_\_ If not, why not? \_\_\_\_\_

\_\_\_\_\_

**ABUTTER'S LIST**

**Three sets of mailing labels are required with all applications  
(1" X 2.63" - Avery 8160 or 5160 or equivalent)**

**PLEASE BE CERTAIN TO INCLUDE THE APPLICANT IN YOUR MAILING LABELS. If the applicant is not the  
property owner, the property owner must also be listed as an abutter.  
Do not note map and lot numbers on labels**

APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Please type or print legibly the complete names and mailing addresses of all abutters, with full name, mailing address (including street number where applicable), and zip code. Incomplete addresses may cause your application to be rejected for correction and possibly delay your hearing. When calculating your abutter notification costs please be certain to **include the applicant**. Multiple applications, submitted for the **SAME** property at the **SAME** time will only be charged for one set of abutter notifications.


## HOW TO COMPILE AN ABUTTERS LIST

An abutting property is defined as any property that touches your property line, including across the street. The abutter is that property's owner.

1. Find your property on the Plaistow Tax Maps.
2. Look at that map to see which properties fit the above description of an abutter.
3. Using the Map-Lot of each of those properties, and the computer located outside the Assessor's Office on the 2<sup>nd</sup> floor.

Easiest way it to query by "Parcel ID" which is the Map#-0Lot# (Map#-ZEROLot#)

ALL LOT DESIGNATIONS MUST BE THREE (3) DIGIT PLACES.

For example:

Map 24, Lot 38 would be Parcel ID 24-038

Map 38, Lot 122 would be Parcel ID 38-122

Map 26, Lot 1 would be Parcel ID 26-001

In the case of hyphenated lots (as is frequent in the case of condominiums) the example is:

Map 18-1-3-10 would be Parcel ID 18-001-003-010

4. Fill in this information in the blocks on the abutters list form, provided in your application kit, one abutter per block. You can either just write the information in while you are at the computer or you can print the form (instructions are posted at the computer) and take them with you to fill out this form later.

**IF YOU DO NOT HAVE THE MOST CURRENT APPLICATION DEADLINE/MEETING SCHEDULE PLEASE ASK AND WE'LL BE HAPPY TO PROVIDE IT TO YOU.**