

**APPLICATION FOR AN APPEAL FROM AN  
ADMINISTRATIVE DECISION**  
ZONING BOARD OF ADJUSTMENT  
CITY OF SOMERSWORTH, NEW HAMPSHIRE

(Do not write in this space)

Date Received: \_\_\_\_\_  
Fee Paid: \$ \_\_\_\_\_  
Case Number: \_\_\_\_\_

1. Name of applicant: \_\_\_\_\_  
Address (include City, State, ZIP): \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_
2. Name of property owner: \_\_\_\_\_  
(if same as applicant, write "same")  
Address (include City, State, ZIP): \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_
3. Location of Property: \_\_\_\_\_  
(number and street)  
Assessor's Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Zoning District: \_\_\_\_\_

All appeals from an administrative decision must be received by the Department of Development Services within thirty (30) days of the administrative decision. The Zoning Board of Adjustment is scheduled to meet the first Wednesday of each month. Please direct any questions to the Department of Development Services, Planning Office, City Hall, One Government Way, Somersworth, NH 03878, 692-9519.

**ZBA APPLICATION FEES:**

1. FILING FEE: \$75.00
2. ADVERTISING FEE: \$85.00 (for meeting notice in a newspaper of general circulation)
3. ABUTTER NOTIFICATION: Current USPS cost of certified mail with return receipt per direct abutter

**APPEAL FROM AN ADMINISTRATIVE DECISION**  
(As it relates to the interpretation and enforcement of the Zoning Ordinance)

Section(s) of the Zoning Ordinance in question: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the administrative official who made the alleged error and the date the error was made (please note that any appeal must be received by the Planning Department within thirty (30) days of the alleged error): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the alleged error in order, requirement, decision, or determination made by the administrative official in the enforcement of The City of Somersworth Zoning Ordinance: \_\_\_\_\_

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

Signature of owner (required to file application): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of applicant (required to file application if applicant is different from owner): \_\_\_\_\_

Date: \_\_\_\_\_

