

# 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 verified mail 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: \_\_\_\_\_

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

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

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

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

## LIST OF ABUTTERS FOR

Project location: \_\_\_\_\_

Owner name, address (including City, State and ZIP Code) and phone number: \_\_\_\_\_

List the names, mailing addresses, and map and lot numbers of the owner(s) of record of all current abutters, including persons whose property is separated from the property in question by a street or stream. Please attach additional pages if necessary.

Map	Lot	Owner Name	Mailing Address	Indirect/Direct

Please list any other parties affiliated with the application that are not abutters, such as engineers, surveyors, attorneys, etc.

Name	Affiliation	Mailing Address

I, the undersigned, acknowledge that it is the responsibility of the applicant or his/her agent to fill out this form completely and submit to the Department of Development Services by the application deadline. I certify that the names and addresses listed above have been verified against the City of Somersworth's ASSESSPRO database on \_\_\_\_\_(date).

Applicant or Agent signature: \_\_\_\_\_