

APPLICATION FOR AN EQUITABLE WAIVER

ZONING BOARD OF ADJUSTMENT APPLICATION 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: _____

The Department of Development Services must receive a complete application at least two and a half (2½) weeks prior to the scheduled Zoning Board of Adjustment meeting. 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

Signature of owner (required to file application): _____
Date: _____

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

Date: _____

APPLICATION FOR EQUITABLE WAIVER OF DIMENSIONAL REQUIREMENTS

Please note that equitable waivers shall be granted under this section only from physical layout, mathematical or dimensional requirements, and not from use restrictions.

1. Explain how the violation has existed for 10 years or more with no enforcement action, including written notice, being commenced by the City: _____

If question 1 above does not apply, please complete the following:

1. Explain how the violation was not noticed or discovered by any owner, former owner, owner's agent or representative, or municipal official, until after a structure in violation had been substantially completed, or until after a lot or other division of land in violation had been subdivided by conveyance to a bona fide purchaser for value:

2. Explain how the violation was not an outcome of ignorance of the law or ordinance, failure to inquire, obfuscation, misrepresentation, or bad faith on the part of any owner, owner's agent or representative, but was instead caused by either a good faith error in measurement or calculation made by an owner or owner's agent, or by an error in ordinance interpretation or applicability made by a municipal official in the process of issuing a permit over which that official had authority:

3. Explain how the physical or dimensional violation does not constitute a public or private nuisance, nor diminish the value of other property in the area, nor interfere with or adversely affect any present or permissible future uses of any such property:

4. Explain how due to the degree of past construction or investment made in ignorance of the facts constituting the violation, the cost of correction so far outweighs any public benefit to be gained, that it would be inequitable to require the violation to be corrected:

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 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: _____