
DO NOT WRITE IN THIS SPACE

Case # _____

Date Filed _____

Signed _____

CHICHESTER BOARD OF ADJUSTMENT

A \$225.00 filing fee plus \$8.00 for each abutter, which is to include the applicant and/or owner, must accompany this application before a hearing will be scheduled. Please mail the completed application and fees, payable to the Town of Chichester, to:

Holly MacCleery
29 Carpenter Road
Chichester, NH 03258
(603) 798-5720

APPLICATION FOR AN EQUITABLE WAIVER OF DIMENSIONAL REQUIREMENTS

Name of applicant _____

Address _____

Owner _____

(If same as applicant, write "same")

Location of property _____

(Street, number, sub-division, map & lot number)

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.

APPLICATION FOR AN EQUITABLE WAIVER OF DIMENSIONAL REQUIREMENTS

An Equitable Waiver of Dimensional Requirements is requested from Article _____ Section _____ of the zoning ordinance to permit _____

1. Does the request involve a dimensional requirement, not a use restriction:

() yes () no

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

-or-

Explain how the nonconformity was discovered after the structure was substantially completed or after a vacant lot in violation had been transferred to a bona fide purchaser_____

And how the violation was not an outcome of ignorance of the law or bad faith but resulted from a legitimate mistake_____

3. Explain how the nonconformity does not constitute a nuisance nor diminish the value or interfere with future uses of other property in the area_____

4. Explain how the cost of correction far outweighs any public benefit to be gained_____

The BOA reserves the right to have all plans & reports presented by the applicant reviewed by the town's engineer at the applicant's expense.

Applicant_____
(Signature)

Date_____