

Town of Hooksett
Zoning Board of Adjustment
Equitable Waiver Application Requirements

In the interest of providing the Zoning Board of Adjustment the necessary information pertinent to the equitable waiver request by an applicant, the following information shall be provided in **fourteen (14) collated sets** of the completed application form. Certified mailing envelopes shall be supplied by the applicant and filled out with the abutter information. Failure to do so will result in a delay in processing your application and you will be found incomplete.

Additional details:

1. Applicants are required to present their applications at the ZBA meeting and answer any questions the ZBA may have.

Per Hooksett Zoning Ordinance, Article 24:I, the Zoning Board of Adjustment may require investigative studies or analyses in relation to any matter brought before it for judgment, and reasonable fees, in addition to fees for notice, may be imposed by the Board to cover its administrative expenses and costs of such investigative studies, review of documents and/or other matters which may be required by particular applications brought before the Board.

ZONING BOARD OF ADJUSTMENT APPLICATION FEES

RESIDENTIAL	\$30.00
COMMERCIAL/INDUSTRIAL	\$60.00
ABUTTER'S NOTIFICATIONS	\$10.00 per abutter (including applicant)
PUBLIC NOTICE	\$50.00

676:7 Public Hearing; Notice. – IV. The cost of notice, whether mailed, posted, or published, shall be paid in advance by the applicant. Failure to pay such costs shall constitute valid grounds for the board to terminate further consideration and to deny the appeal without public hearing

Public Notice Fee adopted and approved 02/27/2019 by Hooksett Town Council.

APPLICANT PROVIDES 14 COPIES OF COMPLETED APPLICATION AND SUPPORTING DOCUMENTS

ZONING BOARD OF ADJUSTMENT MEETS 2ND TUESDAY OF THE MONTH

**ZONING BOARD OF ADJUSTMENT
APPLICATION**

CASE # _____ DATE FILED _____

Name of Applicant _____ Telephone _____
(Must be owner (s) of record)

Address _____

Representative _____ Telephone _____

(Please attach letter of authorization signed by the owner)

Location of Property _____
(street address)

Tax Map _____ Lot _____ Zone _____

Homeowners' / Condo Association: ___ Yes ___ No

Association Name and Address _____

NOTE: Fill in Section 1,2, or 3, as appropriate. 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.

Has this property ever received a variance or special exception in the past?
If so, please list date and type of approval. _____

SIGNATURE _____ DATE _____

SECTION 4. APPLICATION FOR AN EQUITABLE WAIVER UNDER RSA 674:33-a

Description of proposed use showing justification for an equitable waiver as specified in RSA:33-a.

Facts supporting this request:
