

(For Office Use Only)
Received by:
Date Received:
Application Fee Paid: \$
Plans Attached:

**TOWN OF PITTSFIELD, NEW HAMPSHIRE
ZONING BOARD OF ADJUSTMENT**

APPLICATION FOR APPEAL OF ADMINISTRATIVE DECISION

Applications must be complete and legible

NAME OF APPLICANT: _____ TELEPHONE #: _____

MAILING ADDRESS: _____

NAME OF APPLICANT: _____ TELEPHONE #: _____

MAILING ADDRESS: _____

NAME OF AGENT: _____ TELEPHONE #: _____

MAILING ADDRESS: _____

LOCATION OF PREMISE (STREET & NUMBER): _____

TAX MAP & LOT: _____ ZONING DISTRICT (CIRCLE ONE):

LOT SIZE: _____ COMMERCIAL ~ LT. INDUSTRIAL/COMMERCIAL ~ URBAN
SUBURBAN (w/ Town W/S) ~ SUBURBAN(w/o Town W/S) ~ RURAL

DESCRIBE ANY EXISTING VARIANCES, SPECIAL EXCEPTIONS, ETC., NOW IN EFFECT WITH REGARD TO THIS PROPERTY: _____

WAS THIS OR ANY SIMILAR REQUEST DENIED IN THE PAST?: _____ DATE: _____

PRESENT USE OF PREMISE: _____

PROPOSED USE (IF APPLICABLE): _____

TYPE AND NUMBER OF EXISTING STRUCTURE(S): _____

NUMBER OF DWELLING UNIT(S): EXISTING _____ PROPOSED _____

**COMPLETE THE FOLLOWING FOR
AN APPEAL OF ADMINISTRATIVE DECISION ONLY**

(Use additional sheets if necessary)

A. NAME AND TITLE OF ADMINISTRATIVE OFFICIAL OR BOARD WHOSE DECISION YOU ARE APPEALING:

B. DESCRIPTION OF DECISION BEING APPEALED:

C. DATE OF DECISION BEING APPEALED: _____

D. THE DECISION OR ORDER WAS MADE IN ERROR AND SHOULD BE REVERSED FOR THE FOLLOWING REASONS:

Applicant's Signature(s)

Date

Attach a copy of the decision being appealed. One complete copy of your filing must be forwarded directly to the official whose decision you are appealing.

ZONING BOARD OF ADJUSTMENT ~ MEETING SCHEDULE

In accordance with both the Bylaws of the Zoning Board of Adjustment and the Town of Pittsfield Zoning Ordinance, all completed forms, plans, and fees for variance, special exception, and appeal of administrative decision applications must be submitted no later than 20 days prior to a regularly scheduled Zoning Board of Adjustment meeting, not including the day of the meeting. Items submitted either after this date or incompletely filled out will not be placed on the agenda, those applications will be deferred.

ABUTTERS LIST

Name of Applicant: _____

Property Concerned: Tax Map: _____ Lot Number: _____

All abutters must be notified of the scheduled hearing by certified mail. Said notices to be mailed by the Zoning Board of Adjustment at the expense of the applicant not less than ten (10) days prior to the scheduled hearing.

Definition of Abutter (New Hampshire RSA 672:3, 1987 Supplement): “ ‘Abutter’ means any person whose property is located in New Hampshire and adjoins or is directly across the street or stream from the land under consideration by the local land use board. For purposes of receiving testimony only and not for purposes of notification, the term ‘abutter’ shall include any person who is able to demonstrate that his land will be directly affected by the proposal under consideration. For purposes of receipt of notification by a municipality of a local land use board hearing, in the case of an abutting property being under a condominium or other collective form of ownership, the term abutter means the officers of the collective or association, as defined in RSA 356-B:3, XXIII.”

The following are abutters to the above property: (Attach additional sheets with page numbers as needed).

Tax Map: _____ Lot: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax Map: _____ Lot: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax Map: _____ Lot: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax Map: _____ Lot: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax Map: _____ Lot: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax Map: _____ Lot: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax Map: _____ Lot: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax Map: _____ Lot: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax Map: _____ Lot: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax Map: _____ Lot: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____