



## TOWN OF NOTTINGHAM

139 Stage Road, P.O. Box 114  
Nottingham, NH 03290

Planning & Zoning Tel (603) 734-4881  
E-Mail [Plan.Zone@Nottingham-nh.gov](mailto:Plan.Zone@Nottingham-nh.gov)

### APPLICATION FOR A SPECIAL EXCEPTION

To: Zoning Board of Adjustment  
Town of Nottingham

#### FOR OFFICE USE ONLY

Case No. \_\_\_\_\_  
Date Filed \_\_\_\_\_  
Meeting Date \_\_\_\_\_  
Fee Amount \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Outcome \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name of Owner \_\_\_\_\_  
(if same as applicant, write "same")

#### PROPERTY INFORMATION

Location of property \_\_\_\_\_ Tax Map \_\_\_\_\_ Lot \_\_\_\_\_

Lot Dimensions: Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

Lot Area: Acres \_\_\_\_\_ Square Feet \_\_\_\_\_

Present Use of Property \_\_\_\_\_

Proposed Use of Property \_\_\_\_\_

**NOTE:** This application is not acceptable unless all statements below have been completed.  
Additional information may be supplied on a separate sheet if the space provided is not adequate.

#### SPECIAL EXCEPTION REQUEST

A special exception is requested from Article \_\_\_\_\_ Section \_\_\_\_\_ of the zoning ordinance to permit:

SUPPORTING INFORMATION
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Explain how the proposal meets the special exception criteria as specified in the above noted Article/Section of the Nottingham Building Code & Zoning Ordinances: (List all criteria from ordinance).

Criteria 1 – *whether the goal set forth in NH RSA 674:17 I will be infringed by granting such special exception;*

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Criteria 2 – *whether the terrain or configuration of the lot make it more appropriate than not for such a special exception to be granted; and*

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Criteria 3 – *whether the granting of such special exception would adversely impact the neighboring parcels or rural character of the Town.*

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I hereby certify that I am the owner in fee or the authorized agent of the owner in fee of the property upon which this special exception is sought and that all information provided by me is true under penalty of law.

_____	_____
Signature of Owner(s) or Authorized Agent	Date

Owner's Name (Typed or Printed)\_\_\_\_\_

The Nottingham Zoning Board strongly recommends that, before making any appeal, you become familiar with the zoning ordinance, and also with the New Hampshire Statutes TITLE LXIV, RSA Chapters 672- 677, covering planning and zoning.

#### **CONDITIONS FOR A SPECIAL EXCEPTION APPLICATION PER NH RSA 674:33 IV**

Certain sections of the zoning ordinances provide for permitted special exceptions to the standard requirements of the zoning ordinance if specified conditions are met. The necessary conditions for each special exception are given in the ordinance.

#### **APPLICATION PROCEDURE FOR ZONING BOARD OF ADJUSTMENT HEARING**

Clarification of the Zoning Ordinance and assistance in completing the application process can be obtained from the Secretary of the Zoning Board. Legal assistance should be obtained from the Applicant's personal attorney.

Correctness of information submitted is the responsibility of the Applicant.

The following must be filed with the Application:

- ✓ Application fee, public notice fee, and abutter notification fee.
- ✓ An abutters list and three (3) sets of abutter mailing labels. Abutter mailing labels must include the names and legal addresses of applicant, property owner, all property owners abutting the subject parcel, including those directly across the street or stream, and anyone whose professional seal appears on the plan. Tax Map No. and Lot No. must also appear on the list for the abutting properties. **Important:** Applicant shall certify that the abutters are as indicated in the Town of Nottingham's Selectmen's Office not more than 5 days prior to day of filing the application with the Zoning Board. (SEE FORM A).
- ✓ Eight (8) sets of 11"X17" plans drawn to scale which show lot location, lot size, setbacks, locations and dimensions of all structures and open spaces on the lot in question and on the adjacent lots, and ownership of adjoining lots of land. Plans do not have to be professionally drawn.
- ✓ A written description of work proposed or change in use and any dimensions pertinent to construction.
- ✓ A signed Authorization To Enter Upon Said Property form. (SEE FORM B)
- ✓ If the applicant is not the owner, a signed Owner's Authorization for Representation form must be submitted. (SEE FORM C).

No application shall be accepted for processing until **all** of the required information is received.

#### **HEARING NOTIFICATION & PROCESS**

Your hearing will be held within 30 days after submission of a complete application. You will be notified by certified mail as to time, place, and date of the public hearing. At the time of the hearing, you must present your case to the Board or must authorize a representative to appear for you. (FORM C).

#### **RULES OF PROCEDURE FOR CONDUCT OF MEETINGS**

Each applicant is entitled to a hearing by a five-member Board. If, for any reason, five members are not available, the applicant(s) may elect to postpone the hearing and decision until the next meeting of the Board at which five members are present. For the benefit of those in attendance at public hearings, the Chairman will briefly explain the procedure before the hearings begin and introduce the members of the Board. The public hearing will begin with the applicant(s) and/or his/her representative presenting the petition. Then those wishing to speak in favor of the petition may do so, followed by those wishing to speak in opposition to the petition. After this, the applicant(s) and those in favor may speak in rebuttal, followed by the rebuttal of those in opposition. The debate may be closed when the Chairman deems it appropriate. All comments must be addressed to the Chair. Anyone rising to address the Chair should identify him/herself, giving his/her name and address. No one will be allowed to speak twice until all who wish to speak have been heard. Reasons will be given for all decisions of the Board and references made to the appropriate sections of the Zoning Ordinance. In the event the Board wishes to postpone making a decision, the applicant(s) will be so advised. All decisions will be announced by the Chair at the time they are made, and formal written notification will be mailed to the applicant(s) within 144 hours after the decision is rendered. In the event no one is available to present a petition to the Board at the public hearing, the petition will be automatically dismissed on the grounds that no public hearing has been held. A petition may be withdrawn by the applicant(s) by notifying the Clerk of the Board of this intention. All public hearings and Board deliberations are transcribed.

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## OWNER'S AUTHORIZATION FOR REPRESENTATION

I, the undersigned owner of the property at \_\_\_\_\_,  
hereby verify that I have authorized \_\_\_\_\_ to  
represent me/us and apply for the required approval(s) from the Planning Board in the Town of  
Nottingham, New Hampshire for the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Subdivision/Lot Line Adjustment | <input type="checkbox"/> Site Plan Review |
| <input type="checkbox"/> Backlot Subdivision             | <input type="checkbox"/> Design Review    |
| <input type="checkbox"/> Other _____                     |   |

FOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF OWNER (Typed or printed) \_\_\_\_\_

Address of Owner \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

NAME OF OWNER (Typed or printed) \_\_\_\_\_

Address of Owner \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

NAME OF OWNER (Typed or printed) \_\_\_\_\_

Address of Owner \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

NAME OF OWNER (Typed or printed) \_\_\_\_\_

Address of Owner \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_



## AUTHORIZATION TO ENTER UPON SUBJECT PROPERTY

The property owner(s), by the filing of this application, hereby give permission for the members of the Nottingham Planning Board and such agents or employees of the Town as the Nottingham Planning Board may authorize, to enter upon the property which is the subject of this application at any reasonable time for the purpose of such examinations, surveys, tests and/or inspections as may be appropriate to enable this application to be processed.

I/We hereby waive and release any claim or right I/we may now or hereafter possess against any of the above individuals as a result of any examinations, surveys, tests and/or inspections conducted on my/our property in connection with this application. This authorization expires in one year from date of signature

Property Owner(s) \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

Property Owner(s) \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

Property Owner(s) \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

Property Owner(s) \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

## ABUTTER(S) LIST

**\*\*PLEASE PRINT THREE (3) ADDRESS LABELS PER ABUTTER- INCLUDING THE APPLICANT, OWNER AND PROFESSIONAL(S)\*\***

### 1. APPLICANT INFORMATION:

Printed Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

### 2. OWNER INFORMATION:

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

### 3. PROFESSIONAL(S) INFORMATION:

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

	Abutter(s) Information			
4.	Map:	Lot:	Name:	Address:
5.	Map:	Lot:	Name:	Address:
6.	Map:	Lot:	Name:	Address:
7.	Map:	Lot:	Name:	Address:
8.	Map:	Lot:	Name:	Address:
9.	Map:	Lot:	Name:	Address:
10.	Map:	Lot:	Name:	Address:
11.	Map:	Lot:	Name:	Address:
12.	Map:	Lot:	Name:	Address:
13.	Map:	Lot:	Name:	Address:

I, \_\_\_\_\_, the undersigned, certify that to the best of my knowledge, the above is an accurate and complete abutter(s) list and that the information was obtained from the Nottingham Assessing Office no more than five (5) days prior to the date of this application..

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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## ZONING BOARD OF ADJUSTMENTS FEE SCHEDULE

### Fee's collected at time of application:

	TOTAL CHARGE	DATE PAID
APPLICATION FEE \$100.00	_____	_____
ABUTTER NOTIFICATION _____ X \$10.00/PER ABUTTER	_____	_____
PUBLIC NOTICE FEE \$200.00	_____	_____
TOTAL	_____	_____