

Application for Equitable Waiver of Dimensional Requirement

Per RSA 674:33-a

ZONING BOARD OF ADJUSTMENT NEWBURY, NEW HAMPSHIRE

INSTRUCTIONS: See Information for Appellants attached.

Property Owner: _____

Mailing Address: _____

Telephone: _____

(FOR MUNICIPAL USE ONLY)

Case # _____ Received On _____

By _____

Fee _____ Plans _____ Abutter List _____

Public Hearing Date _____

Decision _____

Appeal _____ Action _____

Rehearing _____

Decision _____

Date Fee Paid _____ Check# _____

LOCATION OF PROPERTY: _____ MAP# _____ LOT# _____

PROPERTY OWNER'S AGENT: _____

ADDRESS: _____ PHONE: _____

Undersigned hereby requests the granting of an Equitable Waiver of Dimensional Requirement from Section _____ of the Newbury Zoning Ordinance to permit the following (Attach a separate sheet if additional space is needed):

I have attached all the supporting documentation required and hereby certify that all of the information contained herein is true and accurate to the best of my knowledge.

Signed: _____ (Owner) _____ (Agent) _____ (Applicant)

Date: _____