

**APPLICATION FOR AN APPEAL FROM AN
ADMINISTRATIVE DECISION**
ZONING BOARD OF ADJUSTMENT
CITY OF SOMERSWORTH, NEW HAMPSHIRE

(Do not write in this space)

Date Received: _____
Fee Paid: \$ _____
Case Number: _____

1. Name of applicant: _____
Address (include City, State, ZIP): _____

Telephone: _____
2. Name of property owner: _____
(if same as applicant, write "same")
Address (include City, State, ZIP): _____

Telephone: _____
3. Location of Property: _____
(number and street)
Assessor's Map: _____ Lot: _____ Zoning District: _____

All appeals from an administrative decision must be received by the Department of Development Services within thirty (30) days of the administrative decision. The Zoning Board of Adjustment is scheduled to meet the first Wednesday of each month. Please direct any questions to the Department of Development Services, Planning Office, City Hall, One Government Way, Somersworth, NH 03878, 692-9519.

ZBA APPLICATION FEES:

1. FILING FEE: \$75.00
2. ADVERTISING FEE: \$85.00 (for meeting notice in a newspaper of general circulation)
3. ABUTTER NOTIFICATION: Current USPS cost of verified mail per direct abutter

APPEAL FROM AN ADMINISTRATIVE DECISION
(As it relates to the interpretation and enforcement of the Zoning Ordinance)

Section(s) of the Zoning Ordinance in question: _____

Please indicate the administrative official who made the alleged error and the date the error was made (please note that any appeal must be received by the Planning Department within thirty (30) days of the alleged error): _____

Please describe the alleged error in order, requirement, decision, or determination made by the administrative official in the enforcement of The City of Somersworth Zoning Ordinance: _____

Signature of owner (required to file application): _____

Date: _____

Signature of applicant (required to file application if applicant is different from owner): _____

Date: _____

