

APPLICATION FOR A SPECIAL EXCEPTION

ZONING BOARD OF ADJUSTMENT APPLICATION 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: _____

The Department of Development Services must receive a complete application at least two and a half (2½) weeks prior to the scheduled Zoning Board of Adjustment meeting. 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 with return receipt per direct abutter

Signature of owner (required to file application): _____
Date: _____

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

Date: _____

APPLICATION FOR A SPECIAL EXCEPTION

Description of the proposed use for a special exception as specified in Section 4.B of the Zoning Ordinance: _____

Please explain how the following criteria for a special exception are met:

1. Explain how all requirements of this ordinance have been complied with including any special regulations for the use, which are set forth in this chapter:

2. Explain how the requested use will not impair the integrity or be out of character with the district or immediate neighborhood in which it is located:

3. Explain how the proper operation of the use will be insured by the provisions and maintenance of adequate and appropriate utilities, drainage, access, parking and loading, and other necessary site improvements:

4. Explain how the potentially adverse effects of the proposed use on nearby properties, including but not limited to noise, glare, or odor, will be eliminated or controlled through screening or buffering designed to alleviate such effects:

5. Explain how there is adequate and safe pedestrian and vehicular access to and into the site to accommodate anticipated traffic, such that the proposed use will not create unreasonable traffic congestion on contiguous or neighboring streets:

6. Explain how the proposed use will not place an undo burden on any municipal service:

7. Explain how there will not be significant adverse impacts resulting from such use upon the public health, safety, and general welfare of the neighborhood and of the City:

LIST OF ABUTTERS FOR

Project location: _____

Owner name, address (including City, State and ZIP Code) and phone number: _____

List the names, mailing addresses, and map and lot numbers of the owner(s) of record of all abutters, including persons whose property is separated from the property in question by a street or stream. Please attach additional pages if necessary.

Map	Lot	Owner Name	Mailing Address	Indirect/Direct

Please list any other parties affiliated with the application that are not abutters, such as engineers, surveyors, attorneys, etc.

Name	Affiliation	Mailing Address

I, the undersigned, acknowledge that it is the responsibility of the applicant or his/her agent to fill out this form completely and submit to the Department of Development Services by the application deadline. I certify that the names and addresses listed above have been verified against the City of Somersworth's ASSESSPRO database on _____(date).

Applicant or Agent signature: _____