



BOARD OF ADJUSTMENT

4 North Lowell Road
Windham, New Hampshire 03087
Telephone (603) 432-3806

Application for an Equitable Waiver

FOR OFFICE USE ONLY:

Case No _____

Date Filed _____

Fee Paid _____

Secretary _____

Reviewed _____

Name Of Applicant _____

Address _____

Owner _____

Location Of Property _____

(Street Number And Lot Number)

Please respond to each of the following sections. This application is not acceptable unless all required statements have been made. Additional information may be supplied on a separate sheet if the space provided is inadequate. Please reference the Town of Windham Zoning Ordinance and Land Use Regulations and The Board of Adjustment in New Hampshire (Handbook for Local Officials).

An equitable waiver is requested from Section _____ of the zoning ordinance to permit

where otherwise the dimensional requirement is _____

Case No. _____
Lot No. _____

Facts supporting the request:

1. Show that the violation was a result of an innocent mistake (or see note 1 below).

2. Show that the mistake was discovered after the violation was substantially built. The mistake was discovered on _____ and the violation was substantially built by _____ (or see note 1 below).

3. Show that the violation is not a public or private nuisance, or diminish the value of other property, or adversely affect any present or permitted future uses of the property.

4. Show that the cost of correction far outweighs any public benefit and that it would be unfair to require the violation be corrected.

NOTE 1. As an alternative to 1 & 2 above, show that the violation has existed for over 10 years without any attempt by the municipality to enforce it. (You must still answer questions 3 & 4.)

I, the undersigned, hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all applicable town ordinances and state laws regulating construction. I understand that failure to provide any of the information required for the filing of this application shall be cause for the rejection of this application. I understand that only those points specifically mentioned are affected by action taken on this appeal.

Date: _____ Applicant's Signature _____