INSTRUCTIONS TO APPLICANTS APPEALING TO
ZONING BOARD OF ADJUSTMENT

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE FILLING OUT
ATTACHED APPLICATION

The Board strongly recommends that, before making any appeal, you become familiar with the
Zoning Ordinance, and also with the New Hampshire Statutes Annotated Chapters 672-677,
concerning planning and zoning.

Four types of appeals can be made to the Zoning Board of Adjustment:

- Requests for variances,
- Requests for special exceptions,
- Requests for equitable waivers of dimensional requirements, and
- Appeals of zoning administrative decisions made by the Town Officials, the Planning
  Board, and the Zoning Board of Adjustment.

For appeals from an administrative decision, the ZBA moves either to uphold the administrative
decision or to reverse that decision. For such hearings the majority of sitting members must find they
would or would not have come to the decision that is being appealed.

If you have been denied a building permit or are affected by some other decision regarding the
administration of the Boscawen Zoning Ordinance, and you believe that the decision was made
in error under the provisions of the Ordinance, you may appeal the decision to the Board of
Adjustment under the provisions of RSA 674:33. The complete appeal must be filed with the
Land Use Office within thirty days from the issuance of the decision that you wish to appeal.

When an appeal is made to the Board of Adjustment under this provision, the Board must apply
the strict letter of the law in exactly the same way that a building inspector must. It cannot alter
the Ordinance or map and waive any restrictions under the guise of interpreting the law.

A copy of the decision appealed from must be attached to your application.

Under New Hampshire RSA 674:33 – Powers of the Zoning Board of Adjustment, the Board shall:

I. Hear and decide appeals if it is alleged there is an error in any order, requirement,
decision, or determination made by an administrative official in the enforcement of any
zoning ordinance adopted pursuant to RSA 674:16.

II. In exercising its powers under paragraph I, the zoning board of adjustment may reverse
or affirm, wholly or in part, or may modify the order, requirement, decision, or
determination appealed from and may make such order or decision as ought to be made
and, to that end, shall have all the powers of the administrative official from whom the appeal is taken.

III. The concurring vote of 3 members of the board shall be necessary to reverse any action of the administrative official or to decide in favor of the applicant on any matter on which it is required to pass.

The following items are required to complete the application and must be attached:

1. Hearing, Abutter, and Notification Fees as indicated below:
   a. Administrative Appeal-No Fee
   b. Abutter Notification-$7.50 per abutter (including applicant).
   c. Legal Ad-$130.00

2. A complete list of the names and mailing addresses of all abutters to this property, as defined by RSA 672:3. Abutter is any person whose property adjoins or is directly across the street or stream from the land under consideration.

3. If the appeal involves land use, please supply a clearly drawn map (17”x 22” minimum size) showing the exact road location of the property in relation to at least one prominent landmark (road junction, business, town building, etc.). Put a north arrow on your drawing and label road names, etc. Indicate with an X the location of the property in question.

4. Notarized Letter of Authorization to allow an Agent or Attorney to represent Applicant (if applicable).

5. A copy of property deed of the subject property.

6. A copy of the property card for the subject property, available at the Town Office.

7. Any other pertinent information that you feel the Board may need in order to make an intelligent and fair decision.

8. 10 Copies of application packet containing the information noted above, received by the Zoning Board of Adjustment’s agent at least 10 business days prior to the meeting.

The application must be completed and returned with all requirements herein to the Land Use Boards Assistant Coordinator. The application will be forwarded to the Board of Adjustment for their consideration at a public hearing. You must appear at the public hearing or be represented by an authorized agent or attorney for the board to take action on your application. The application will be terminated or tabled for failure to appear at a scheduled public hearing, without first providing written notice to the Land Use Boards Assistant Coordinator.

You are fully responsible for researching and knowing any and all laws, which may be applicable and affect the outcome of the Board’s decision on your application request. The Town of Boscawen assumes no responsibility or liability relating to your failure to research and know all applicable laws including, but not limited to, state, federal, and local laws, codes, land development regulations and comprehensive plan. The Town of Boscawen strongly recommends that all applicants consider consulting an attorney regarding their application.

You are encouraged to review, or copy, the Quasi-Judicial Rules of Procedures used by the Board of Adjustment at the public hearing.
By my/our signature below:

I/We understand this application must be filed with all pertinent information as it pertains to the requirements of the Town of Boscawen Zoning Ordinance and all other information requested or required by the Zoning Board of Adjustment in order to be considered complete. I/We understand that this application will not be filed with the Board until all required information has been received, and do further understand that the Town of Boscawen reserves the right to postpone this request until such time as the requirements are met.

I/We understand that I/We or our representative as stated on the application should appear at the public hearing. If photographs, documents, maps, or other materials are provided to the Board as evidence at the public hearing, said evidence will become the property of the Town of Boscawen and will remain on file for future reference. By law those instruments automatically become part of the public records and cannot be returned.

I/We recognize and understand that the public hearing before the Board of Adjustment regarding land development is considered quasi-judicial in nature. State and local law strictly prohibits applicants and/or interested parties from participating in ex-parte communications with Board members in person, by phone, e-mail, or in writing before the application is discussed at a public hearing.

I/We by filing this application hereby give permission to the Boscawen Zoning Board of Adjustment, Town Engineers, Road Agent, and such employees or agents of the Town as The Zoning Board of Adjustment may authorize to enter upon my property, at all reasonable times for the purpose of conducting examinations, surveys, tests, inspections as may be appropriate; to enable release of any claim or right we may now or hereafter possess against any of the above individuals as a result of any examinations, survey tests, or inspections, conducted on my/our property in connection with this application.

Applicant’s signature: ___________________________  Applicant’s Signature: ___________________________
Applicant’s printed name: ________________________  Applicant’s printed name: ________________________
Date: ___/___/___  Date: ___/___/___

Owner’s signature: _____________________________  Owner’s signature: _____________________________
Owner’s printed name: _________________________  Owner’s printed name: _________________________
Date: ___/___/___  Date: ___/___/___
APPEAL FROM AN ADMINISTRATIVE DECISION

This appeal relates to the interpretation and enforcement of the provisions of the Boscawen Zoning Ordinance.

Decision of the enforcement officer, agency or board to be reviewed:

Date of Decision: __________
Section/Paragraph/Table: __________________________________________

Name of present property owner: __________________________________________
(Include principal officer if business name): ________________________________
Mailing Address: ________________________________________________________
Telephone (days): ______________________________________________________

Name of Applicant: ______________________________________________________
Mailing Address: ________________________________________________________
Telephone (days): ______________________________________________________

Location of Property: ___________________________ Tax Map: _______ Lot: ______

Present zoning of property in question (see zoning map in current ordinance)
Circle one: AR R1 R2 C I MRD

Applicant’s signature: __________________ Applicant’s Signature: __________________
Applicant’s printed name: __________________ Applicant’s printed name: __________
Date: __/__/____ Date: __/__/____

Owner’s signature: __________________ Owner’s signature: __________________
Owner’s printed name: __________________ Owner’s printed name: __________
Date: __/__/____ Date: __/__/____

Town of Boscawen prohibits discrimination on the basis of race, color, national origin, sex, sexual orientation, religion, age, disability, marital or family status. Boscawen is an equal opportunity employer.