

**ZONING BOARD OF ADJUSTMENT
Town of Salem, New Hampshire**

VARIANCE APPLICATION

Name of Applicant: _____ **Tele #:** _____

Representative/Agent: _____ **Tele #:** _____

Address of Applicant: _____

Address of Property: _____

Owner of Property: _____ **Tele #:** _____

If same as above, write same.

If same as above, write same.

Address of Owner: _____

If same as above, write same.

Location of Property: **Map #:** _____ **Lot #:** _____

Zoning Classification: _____

Are there any current Zoning Violations on the Property other than those that may be listed on this Application? (If Yes, please fully describe below). **YES** _____ **NO** _____

The undersigned hereby requests a variance from Article _____, Section _____, and asks that said terms of the Zoning Ordinance be waived to permit _____

The undersigned alleges that the following circumstances exist to support this variance request.

1. The variance will not be contrary to the public interest because:

2. The spirit of the ordinance is observed because:

3. Substantial justice is done because:

4. The values of surrounding properties will not be diminished because:

5. Literal enforcement of the provisions of the ordinance would result in an unnecessary hardship because: USE (A) or (B).

The "Special Conditions" of this property that distinguish it from other properties in the area are as follows:

(A) Owing to the special conditions of the property, set forth above, that distinguish it from other properties in the area:

(i) No fair and substantial relationship exists between the general public purposes of the ordinance and the specific application of that provision to the property because:

(ii) The proposed use is a reasonable one because:

If the criteria in subparagraph (A) are NOT established, an unnecessary hardship will be deemed to exist, if and only if:

(B) Owing to the special conditions, set forth above, the property cannot be reasonably used in strict conformance with the ordinance, and a variance is therefore necessary to enable a reasonable use of it because:

By filing this application you are authorizing us to come onto your property to do necessary site inspections.

The undersigned acknowledges that to the best of their knowledge all of the above information is true and correct.

_____ Signature of Applicant	_____ Print Name of Applicant	_____ Date
_____ Signature of Property Owner	_____ Print Name of Property Owner	_____ Date

PLEASE PRINT THE NAMES & LEGAL ADDRESS OF ALL ABUTTERS

IN ACCORDANCE WITH RSA 672:3, AN ABUTTER IS DEFINED AS ANY PERSON WHOSE PROPERTY ADJOINS OR IS DIRECTLY ACROSS THE STREET OR STREAM FROM THE PROPERTY TO THIS APPLICATION.

The following is a list of their names and legal mailing addresses taken from the Town of Salem Assessor's records. **APPLICANT, ENGINEER AND/OR REPRESENTATIVE** must also be included.

MAP	LOT	NAME	ADDRESS	DO NOT WRITE IN -- TOWN BUSINESS

PROPERTY LOCATION: _____ MAP _____ LOT _____ ZBA MEETING DATE _____
PETITION # _____
Signature of Applicant _____ Date _____

Town of Salem, New Hampshire

Town Hall, 33 Geremonty Drive
Salem, New Hampshire 03079 603-890-2020

BUILDING PERMIT APPLICATION

Date _____ Permit # _____
Map _____ Lot _____ Unit# _____

Permitting Hours Monday through Friday
8:30-9:30am & 4:00-5:00pm

ADDRESS _____
www.townofsalemnh.org (application valid for 60 days)

NAME OF OCCUPANT _____	PHONE # _____
NAME OF OWNER _____	PHONE # _____
CONTRACTOR'S NAME _____	PHONE # _____
CONTRACTOR'S ADDRESS _____	CITY _____ STATE _____ ZIP _____

Impact fees are due prior to occupancy: New Dwelling \$ _____ Road Improvement \$ _____
Assessment fees for water and sewer are due prior to occupancy \$ _____

Zone _____ LOT LINES: Front _____ Side (L) _____ Side (R) _____ Rear _____ Corner Lot _____

Variance required? Yes No Floodplain? Yes No Wetlands? Yes No Historic District? Yes No
Town Water Town Sewer Private Well Private Septic Fire Sprinklers? Yes No

RESIDENTIAL	COMMERCIAL	MISCELLANEOUS
<input type="checkbox"/> Single Family (E,P,H, F)	<input type="checkbox"/> New Commercial (E,P,F,H)	<input type="checkbox"/> Sign (P)
<input type="checkbox"/> Apartment (E,P,H)	<input type="checkbox"/> Commercial Foundation (E,P,F,H)	<input type="checkbox"/> Shed
<input type="checkbox"/> Residential Add./Alt. (E,H)	<input type="checkbox"/> Add./Alt. (E,P,F,H, ENV)	<input type="checkbox"/> Pool (E,H)
<input type="checkbox"/> Residential Raze (E,H,ENV)	<input type="checkbox"/> Municipal Add./Alt. (E,P,F,H)	<input type="checkbox"/> Repair
<input type="checkbox"/> Manufactured Home (E, H, F)	<input type="checkbox"/> Hotel/Motel (E,P,F,H)	<input type="checkbox"/> Deck (E,H)
<input type="checkbox"/> Residential Garage (E,H)	<input type="checkbox"/> Multi-Family (E,P,F,H)	<input type="checkbox"/> Casual Sales(P,F)
<input type="checkbox"/> Residential Foundation(E,P,H)	<input type="checkbox"/> Commercial Raze (E,P,F,ENV)	<input type="checkbox"/> Renew Permit (E,P,H)
<input type="checkbox"/> Shoreland CSPA (E,P,H)	<input type="checkbox"/> Change of Use (E,P,F,H)	<input type="checkbox"/> _____
	<input type="checkbox"/> Change of Occupant (E,P,F,H)	

E=Engineering P=Planning F=Fire H=Health ENV=Enviro. Survey

****Residential Addition & Alteration require smoke and carbon monoxide alarms to be upgraded**(IRC 314/ 315)**
Existing Residential Fire Sprinklers shall be extended into additions/alterations
*****PLANS ARE REQUIRED TO BE SUBMITTED*****

Estimated Value: _____ Dig Safe _____ Fee: _____

Work Description and Uses: _____

Departmental Releases:

Town Planner (P) _____	Town Engineer (E) _____	Fire Marshal (F) _____
Health Officer (H) _____	Variance Sign Off _____	

I (print name) _____ agree to meet all requirements of the applicable building codes & zoning ordinances & will not backfill or cover any work until inspections have been done and the installations are approved.

Signature of Applicant Building Official

TOWN OF SALEM – ZONING BOARD OF ADJUSTMENT
APPLICATION CHECKLIST rev. 10-18-2016

For Applications to be considered complete and placed on an Agenda, you must have the following:

Please Note: Numbers 1 through 7 will need 13 copies of each

1. **APPLICATION FORM** – signed and completed by owner and/or representative _____
 2. **ABUTTERS LIST** – including Applicant, Engineer, Surveyor, or Representative _____
 3. **DENIED BUILDING PERMIT APPLICATION** (completed) so you can apply for a Variance, Appeal, or Special Exception _____
 4. **CERTIFIED PLOT PLAN** (prepared by a professional Engineer or Surveyor) clearly showing the proposed use, and **PLAN MUST SHOW:**
 - A. Location of existing and proposed structures, additions, and their dimensions in square feet _____
 - B. Distances on all sides between buildings and property lines _____
 - C. Information on septic system, leach field and well – existing or proposed _____
 - D. All other pertinent information, including but not limited to conservation easements, current use enrollment, and any other restrictions of encumbrances of record _____
 - E. 11” x 17” copies are acceptable if readable _____
 - F. Please provide digital (pdf) version of plans if possible _____
 5. **TAX MAP AND TAX CARD** (these documents may be obtained at the Assessor’s Department). Please **highlight** the applicable lot on the Tax Map pertaining to the application. _____
 6. Current **RECORDED DEED** with copy of any covenants (book & page) _____
 7. If you are not the property owner, a **LETTER FROM THE OWNER** authorizing applicant to file on owner’s behalf. _____
 8. **TWO SETS OF MAILING LABELS** w/addresses of abutters, holders of any conservation, preservation, development or agricultural preservation restrictions of record, applicant, attorney and/or representative and every engineer, architect, land surveyor or soil scientist whose professional seal appears on the plan. Also, photos and/or drawings of proposed use may be helpful. _____
 9. **PLEASE COLLATE ALL MATERIAL IN THIS ORDER:** Application, abutters list, denied building permit application, plot plan (folded), tax map and tax card, deed, PERMISSION LETTER (IF APPLICABLE), and all other pertinent information that will be included to make a packet complete. **You should have 13 packets.** These packets must be presented to the Planning Director or the Planning Division secretary on or before **12:00pm** of the filing deadline. _____
- If **WETLANDS** are reflected on the Plan, state on the Plan who delineated the wetlands and provide the date of the delineation. If your appeal involves wetlands, the wetlands must be flagged prior to the ZBA members’ site visit.
 - House number and address of the property must be seen clearly from the road. By filing this application you are authorizing the ZBA to come onto your property to do necessary site inspections.

- If the site is “land only”, please post a card on the property noting the property address and be certain it can be seen clearly from the road.

FEES: \$150.00 (this includes \$125.00 application fee, along with \$25.00 Legal Notice Fee)
 plus \$5.00 per Abutter Notification (include applicant, Attorney and/or representative)
 Rehearing: \$50.00 Continuation: \$50.00

Applicants are encouraged to meet with the Planning Director or his designee prior to submitting applications to ensure all required material is available.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

You should be prepared to make a full presentation to the Board of Adjustment at the public hearing and you must address all criteria in Section 490-901K. Any information submitted the night of the meeting should be given to the five Board members, five Alternates and the Secretary who will put it in the file folder.

Your Variance is valid for two years. You must obtain a building permit within two years or your Variance will expire.

If you have any additional questions, please contact Planning Director Ross Moldoff at 890-2083 or rmoldoff@ci.salem.nh.us.