

APPLICATION FOR A VARIANCE
TOWN OF CENTER HARBOR - ZONING BOARD OF ADJUSTMENT

Name of Applicant: _____

Owner: _____

(If different from applicant)

Physical Address: _____

Mailing Address if different: _____

Email: _____ Phone: _____

Map _____ Lot: _____

Town Office Section Only
Case No. _____
Date Filed: _____
Received By: _____

****Note: 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. According to the Center Harbor Zoning Board of Adjustment By-Laws, Section 6 (b), the application shall be read into the record by the applicant, applicant's designee or clerk ****

A variance is requested from article _____ section _____ of the zoning ordinance to permit _____

Facts in support of granting the variance:

1. Granting the variance would not be contrary to the public interest because:

2. If the variance were granted, the spirit of the ordinance would be observed because:

3. Granting the variance would do substantial justice because:

4. If the variance were granted, the values of the surrounding properties would not be diminished because:

5. Unnecessary Hardship

A. Owing to special conditions of the property that distinguish it from other properties in the area, denial of the variance would result in unnecessary hardship because:

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

and:

ii. The proposed use is a reasonable one because:

B. Explain how, if the criteria in subparagraph (A) are not established, and unnecessary hardship will be deemed to exist if, and only if, owing to special conditions of the property that distinguish it from other properties in the area, 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.

Applicant Signature: _____ Date: _____

ABUTTERS LIST

Name of Applicant: _____

Address: _____

Property Concerned: Tax Map _____ Lot _____

The following are the abutters to the above property. Please include those across the street.

Tax Map _____ Lot _____ Name: _____

Address: _____

Tax Map _____ Lot _____ Name: _____

Address: _____

Tax Map _____ Lot _____ Name: _____

Address: _____

Tax Map _____ Lot _____ Name: _____

Address: _____

Tax Map _____ Lot _____ Name: _____

Address: _____

Tax Map _____ Lot _____ Name: _____

Address: _____

Tax Map _____ Lot _____ Name: _____

Address: _____

Tax Map _____ Lot _____ Name: _____

Address: _____

Tax Map _____ Lot _____ Name: _____

Address: _____

Tax Map _____ Lot _____ Name: _____

Address: _____