

Do not write in this space.
Case No. _____
Date Filed _____
(signed ZBA)

APPLICATION FOR AN EQUITABLE WAIVER OF DIMENSIONAL
REQUIREMENTS

To:Town of Stoddard, Zoning Board of Adjustment
1450 Route 123 North, Stoddard, NH 03464

Name of Applicant

Address

Owner

(if same as applicant, write “same”)
Location of Property

(Street number, Sub-division, Map and Lot number)

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.

Application for an Equitable Waiver of Dimensional Requirements is requested from
Article _____ Section _____ of the Stoddard Zoning Ordinance to
permit_____

1. Does the request involve a dimensional requirement, not a use restriction?
() yes () no
2. Explain how the violation has existed for 10 years or more with no enforcement action,
including written notice, being commenced by the town.

- or -

Explain how the nonconformity was discovered after the structure was substantially
completed or after a vacant lot in violation had been transferred to a bona fide purchaser.

- and -

How the violation was not an outcome of ignorance of the law or bad faith but resulted
from a good faith error in measurement or calculation.

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3. Explain how the nonconformity does not constitute a nuisance nor diminish the value or interfere with future uses of other property in the area.

4. Explain how the cost of correction far outweighs any public benefit to be gained.

Applicant _____

Date _____