

ZONING BOARD OF ADJUSTMENT
TOWN OF OSS�PEE
CENTER OSS�PEE, NH 03814

EQUITABLE WAIVER OF DIMENSIONAL REQUIREMENTS

Dear Applicant:

You have applied for an Appeal for an Equitable Waiver from the Ossipee Zoning Ordinance. When the application is complete and submitted with the necessary information and fees, the secretary of the Zoning Board of Adjustment will schedule a public hearing. You or your representative shall present the information that you feel supports your appeal.

The Board strongly recommends that you become familiar with the Zoning Ordinances and RSA 674:33 (a).

For relief to be legally granted, you must show that your proposed use meets the following conditions:

1. Explain how the violation was not noticed or discovered by any owner, former owner, owner's agent, representative or municipal official until after a structure in violation had been substantially completed, or until after a lot or other division of land in violation had been subdivided by conveyance to a bona fide purchaser for value.
2. That the violation was not an outcome of ignorance of the law or ordinance, failure to inquire, obfuscation, misrepresentation, or in bad faith on the part of any owner, owner's agent or representative but was instead caused by either a good faith error in measurement or calculation made by an owner or owner's agent, or by an error in the ordinance interpretation or applicability made by a municipal official in the process of issuing a permit over which that official had authority.
3. Explain that the physical or dimensional violation does not constitute a public or private nuisance, nor diminish the value of other property in the area, nor interfere with or adversely affect any present or permissible future uses of any such property
4. That due to the degree of past construction or investment made in ignorance of the facts constituting the violation, the cost of correction so far outweighs any public benefit to be gained, that it would be inequitable to require the violation to be corrected.

**In lieu of the findings required by the Board, outlined above, the owner may demonstrate to the satisfaction of the Board that the violation has existed for 10 years or more and that no enforcement action, including written notice of violation has been commenced against the violation during that time by the municipality or any person directly affected.

A majority of the Board must be convinced that the conditions have been met. It is up to you, the applicant, to present evidence that conditions are valid.

Please find attached the following forms to assist you, or your authorized representative to prepare for your presentation and hearing with the Ossipee Zoning Board of Adjustment:

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- Appeal of Zoning Officer's Decision - to be filled out by applicant
- Application Requirements and Plan Checklist - to be filled out by the applicant
- Plan Requirements Checklist

This information is provided to you so that your presentation to the Board will be complete and the hearing will proceed smoothly. Upon completion of this information, please provide a copy to the Zoning Board Secretary for review of completeness and to schedule a hearing date.

If you have any questions regarding this process, you are invited to call the Zoning Board Secretary at 603-651-1154 or email to zba@ossipee.org.

Sincerely,

Ossipee Zoning Board of Adjustment

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CENTER OSS�PEE, NH 03814

APPLICATION FOR EQUITABLE WAIVER OF DIMENSIONAL REQUIREMENTS

Owner / Applicant: _____

Owner / Applicant: _____

Agent: _____

Contact Phone #'s: _____

Address of Property: _____

Tax Map: _____ Lot: _____

An Equitable Waiver of Dimensional Requirements is requested from Article: _____ Section: _____

of the Ossipee Zoning Ordinance to permit: _____

1. Does the request involve a dimensional requirement, not a use restriction? () Yes () No

2. Explain how a 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 granted:

Owner / Applicant Signature: _____

Date: _____

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Equitable Waiver of Dimensional Requirements
Application Checklist

To complete this application, I understand that the following material and information is required and is attached:

- _____ Application completed in full
- _____ A letter of authorization from the owner of the property if the applicant is different and / or will not be in attendance at the meeting.
- _____ A complete list of all abutters of the property involved in this appeal with their current mailing address and tax map numbers. Include the names and addresses of all abutters including those to the rear, sides and front of the property, including those across the streets, roads, and right-of-way. (Failure to provide complete information will result in this application being returned for the necessary information and will delay the scheduling of a hearing.) (Please see next page for details)
- _____ An As - Built Survey of the structure and property will be required by a Licensed Land Surveyor.
- _____ A scaled drawing/sketch or plot plan (minimum size of 11" x 17") of the property will be required (see attached instructions)

Include Application Fee, Public Notice fees, and Certified/Return Receipt Mailing to Abutters per current Fee Schedule:




1. Abutter's List with mailing address per abutter, authorized agent/representative and owner.
2. (3 sets) mailing labels per abutter.
3. A check payable to "**Town of Ossipee**" to include the Application fee, Public Notices fee and Current First Class Postage along with Certified Mail and Return Receipt Fee. Plus \$1.00 processing fee for each abutter, owner, applicant, and authorized agent/representative.

Note: All forms must be completely filled out and signed by the owner / applicant and his or her agent before the Ossipee Zoning Board of Adjustment will accept them. Completed forms must be returned to the Office of the Board of Adjustment no later than 21 calendar days prior to the Board's scheduled meeting. The applicant or his/her agent is requested to attend the public hearing on the above request. If you have any questions, please call the Zoning Board of Adjustment Secretary at 603-651-1154.

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**Abutter Notification
Certified/Return Receipt Mail Procedure**

1. Provide a #10 business size envelope, addressed to each recipient, return addressed to: Town of Ossipee; Planning Board or Zoning Board (whichever applies); PO Box 67; Ctr. Ossipee, NH 03814.
2. Fill out the "Receipt for Certified Mail" (please see sample provided)
3. Fill out the "Return Receipt Post Card" (please see sample provided)
4. Affix postage on each envelope to cover: first class mail for letter, certified mail receipt fee, and return receipt fee.
5. Do not stuff or seal envelopes. Place "Receipt for Certified Mail" and "Return Receipt Post Card" under envelope flap and submit with your application package.

UNITED STATES POSTAL SERVICE  <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> • Sender: Please print your name, address, and ZIP+4® in this box• Town of Ossipee Zoning Board or Planning Board PO Box 67 Ctr. Ossipee, NH 03814 </div>	First-Class Mail Postage & Fees Paid USPS Permit No. G-10	<div style="text-align: right; font-size: small;">PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE</div> <div style="text-align: center; background-color: #008000; color: white; padding: 5px;">CERTIFIED MAIL™</div>  <p style="text-align: center;">7012 2210 0002 4346 0718 7012 2210 0002 4346 0718</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 15%;">Postage</td> <td style="width: 15%;">\$</td> <td style="width: 15%;">Certified Fee</td> <td style="width: 15%;">Return Receipt Fee (Endorsement Required)</td> <td style="width: 15%;">Restricted Delivery Fee (Endorsement Required)</td> <td style="width: 15%;">Total Postage & Fees \$</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <div style="display: flex; justify-content: space-between; align-items: center; font-size: x-small;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Sent to Street, Apt. No. or PO Box No. City, State, Zip City, State, Zip Code </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Recipients Name Mailing Address City, State, Zip Code </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Postmark Here </div> </div> <div style="background-color: #008000; color: white; padding: 5px; text-align: center; font-weight: bold; font-size: small;"> U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com® OFFICIAL USE </div>	Postage	\$	Certified Fee	Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)	Total Postage & Fees \$						
Postage	\$	Certified Fee	Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)	Total Postage & Fees \$									
SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Recipients Name Mailing Address City, State, Zip Code  <p style="text-align: center;">9590 9403 0592 5183 3412 02</p> 2. Article Number (Transfer from service label) 7012 2210 0002 4346 0718	COMPLETE THIS SECTION ON DELIVERY A. Signature X _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)													
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt												