

**TOWN OF OSS�PEE
ZONING BOARD OF ADJUSTMENT
REQUEST FOR VARIANCE**

Dear Applicant:

You are seeking to apply for a **Variance** to the Town of Ossipee Zoning Ordinance. When this application is completed and submitted with the necessary information and fees, the secretary of the Zoning Board of Adjustment will schedule a public hearing. You or your authorized representative shall present the information that you feel supports your appeal.

The Board **strongly recommends** that you become familiar with the Ossipee Zoning Ordinance.

A majority of the Board must be convinced that **all five** criteria required for a variance are met. It is your burden as the applicant to present evidence to meet the requirements of all five criteria.

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

- APPLICATION REQUIREMENT CHECKLIST AND PLAN REQUIREMENT 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 of Adjustment's secretary to review and schedule a hearing date.

- REQUEST FOR VARIANCE APPLICATION

To be completed by the Applicant.

If you have questions regarding this process, you are invited to call the board secretary at 651-1154 or e-mail to zba@ossipee.org

NOTE: All forms **must** be completely filled out and signed by the owner/applicant and his or her agent before they will be accepted by the Zoning Board of Adjustment. Completed forms must be returned to the Town Hall, Office of the Selectmen, and attention to the Zoning Board of Adjustment no later than 21 calendar days prior to the Board's scheduled meeting. **Failure to provide complete information on persons entitled to notice will result in this application being returned for the necessary information and will delay the scheduling of a hearing.** The applicant or his/her agent is requested to attend the public hearing on the above request. If you have any questions, please contact the board secretary at (603) 651-1154 or at zba@ossipee.org.

APPLICATION REQUIREMENT CHECKLIST:

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

- Building Permit Denial letter from the Ossipee Zoning Enforcement Officer.
- Application completed in full with signature.
- A letter of authorization from the owner of the property, if the applicant is different and/or will not attend the meeting.
- A complete list of each abutter and entity (name and mailing address) entitled to notice.
 - This includes every:
 - Abutter (as defined by RSA 672:3 – see definition below) to include the tax map number
 - Owner
 - Applicant
 - Agent (if applicable)
 - Holder of a conservation, preservation or agricultural preservation restrictions (if applicable)
 - Person and entity whose property or portion thereof is located within a 200 foot radius of the boundaries of the land under consideration (if applicable)
 - For each person and entity on abutter lists is entitled to notice, you must provide one unsealed envelope with Ossipee Zoning Board return mailing address on the upper left hand corner of the envelope. Include 3 sets of 1” x 2-1/2” labels with the name and address of each person or entity on abutters list entitled to receive notice. Include properly prepared certified mail forms and return receipt cards for each recipient (see example – do not affix these to the envelopes). Place postage on each envelope **to include:** first class letter fee, certified mail receipt fee, and return receipt fee.
 - A scale drawing or plot plan (minimum size 11” x 17”) of the property will be required (see accompanying “Plan Requirement Checklist”).
 - Denial letter from the Ossipee Zoning Enforcement Officer.
 - A check payable to “**Town of Ossipee**” to include the application fee, newspaper ads for Notice of Public Hearing and Notice of Decision. Plus Current First Class Postage plus \$1.00 along with Certified Mail Fee and Return Receipt Fee (for each abutter, owner, applicant, agent)
- Copy of Tax Map and Tax Card
- Documentation of Septic Approval
- Floor Plan, if applicable
- Is land in Current Use?
- Do you need an Intent to Excavate? (Moving greater than (>)1000 yds. of earth)
- Photos are helpful

PLAN REQUIREMENT CHECKLIST:

A plot plan OR scale drawing will be required as part of your presentation to the Zoning Board of Adjustment. Since a similar plan is usually necessary for a building permit application and/or for Planning Board Site Review, the plan can serve both purposes.

A plot plan or scale drawing (minimum size 11" x 17") for the purposes of a zoning application should contain the following features, as appropriate:

- Be up to date and dated.
- Drawn to scale, no larger than (*1 inch > 100 feet*) with drawing number and north arrow.
- Signature and name of the plan preparer.
- The lot dimensions and bearings and any bounding streets and their right-of-way widths or half sections.
- Location and dimensions of existing or required service areas, buffer zones, landscaped areas, recreation areas, safety zones, signs, rights-of-way, streams, drainage, easements, and any other requirements.
- All existing buildings or other structures with their dimensions and encroachments.
- Show names and lot numbers of abutters
- All proposed buildings, structures or additions with dimensions and encroachments indicating "proposed" on the plan
- All proposed new construction must include a sketch to include elevations, floor plan with dimensions on "proposed" plan.
- "Zoning envelope" made from setbacks required by zoning ordinance. Indicate zone classification, all setback dimensions. Indicate any zone change lines.
- Elevations curb heights and contours.
- Location and numbering of parking spaces and lanes with their dimensions. Indicate how required parking spaces are computed.
- Dimensions and directions of traffic lanes and exits and entrances.
- Any required loading, unloading, trash, and snow storage areas.

672.3. Abutter – "Abutter" means any person whose property is located in New Hampshire and adjoins or is directly across the street or stream from the land under consideration by the local land use board. For purposes of receiving testimony only, and not for purposes of notification, the term "abutter" shall include any person who is able to demonstrate that this land will be directly affected by the proposal under consideration. For purposes of receipt of notification by a municipality of a local land use board hearing, in the case of an abutting property being under a condominium or other collective form of ownership, the term abutter means the officers of the collective or association, as defined in RSA 356-B:3, XXIII. For purposes of receipt of notification by a municipality of a local land use board hearing, in the case of an abutting property being under a manufactured housing park form of ownership as defined in RSA 205-A: 1, II, the term "abutter" includes the manufactured housing park owner and the tenants who own manufactured housing which adjoins or is directly across the street or stream from the land under consideration by the local land use board.

REQUEST FOR VARIANCE APPLICATION

(To be prepared by Applicant)

Date: _____

NOTE: Additional information may be supplied on separate sheet if the space provided is inadequate.

TO: Zoning Board of Adjustment
Town of Ossipee
P.O. Box 67
Center Ossipee, New Hampshire 03814

1. Having been denied a permit by the Ossipee Building Official for the reason specified in the Ossipee Building Official’s denial letter (copy attached). I hereby appeal the decision and request the Board of Adjustment to schedule a public hearing to consider this appeal.

2. I realize providing complete information requested below is the responsibility of the undersigned applicant. The Board must be provided the complete information before a public hearing can be scheduled. I understand that it is my responsibility to present this appeal to the Board.

a. Type of Appeal: **Variance**

b. Basis for Appeal is Article _____, Section _____ of the Ossipee Zoning Ordinance.

c. Location of property in question: _____

d. Tax Map number: _____ Lot Number: _____ Sub Lot: _____

e. Zoning District: _____

f. Name of Applicant(s): _____

g. Mailing Address of Applicant(s): _____

h. Phone Number of Applicant: _____

i. E-mail Address of Applicant: _____

j. Name of Company (if applicable): _____

k. Legal Owner of the Property: _____

l. Mailing Address of Legal Owner: _____

m. Proposed use of property or modification of existing use: _____

n. Directions to the property from the Ossipee Town Hall: _____

o. 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).

I understand that I must appear in person at the public hearing scheduled by the Board of Adjustment to present this appeal. If I cannot appear in person, I will notify the Board in writing of the name of the individual I designate to represent me at the hearing. I also understand that it is my sole responsibility, as the applicant, to provide all of the information required to the secretary of the Board of Adjustment before a hearing can be scheduled.

Applicant (Print Name) Date

Applicant (Signature) Date

The undersigned hereby requests a Variance from Article _____ Section _____:
And asks that said terms of the Zoning Ordinance be waived to permit the following:

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

Note: Use the area in the boxes following each criteria to write or type your response. Attach additional pages if necessary.

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

USE (A) or (B):

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

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

AND

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

OR, 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:



The undersigned acknowledge that to the best of their knowledge all the above information is true and correct. I understand that I must appear in person at the public hearing scheduled by the Board of Adjustment to present this appeal. If I cannot appear in person, I will notify the Board in writing of the name of the individual I designate to represent me at the hearing. I also understand that it is my sole responsibility, as the applicant, to provide the information required to the Secretary of the Board of Adjustment before a hearing can be scheduled.

Applicant (Print Name) Date

Applicant (Signature) Date

**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			First-Class Mail Postage & Fees Paid USPS Permit No. G-10	PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE CERTIFIED MAIL™	
• 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				7012 2210 0002 4346 0718 7012 2210 0002 4346 0718	
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.		COMPLETE THIS SECTION ON DELIVERY		U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com	
1. Article Addressed to: Recipients Name Mailing Address City, State, Zip Code		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" 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		Sent To Street, Apt. # or PO Box # City, State, Zip Recipients Name Mailing Address City, State, Zip Code	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		Postage \$ Certified Fee \$ Return Receipt Fee (Endorsement Required) \$ Restricted Delivery Fee (Endorsement Required) \$ Total Postage & Fees \$	
Article Number (Transfer from service label) 9590 9403 0592 5183 3412 02 7012 2210 0002 4346 0718		Postmark Here		OFFICIAL USE	
PS Form 3811, April 2015 PSN 7530-02-000-9053				Domestic Return Receipt	