

**Town of Alstead, New Hampshire
Zoning Board of Adjustment**

**Appeal from an Administrative Decision
APPLICATION**

FILE NO. _____
DATE FILED: _____

(Note: This form and all required information must be filed at least 21 days before the date of the meeting at which it is to be submitted to the Board. Filing is to be done at a regularly scheduled Zoning Board of Adjustment Meeting or at the Town Clerk's office or by mail to the Administrative Support Person of the Board and must be received 21 days before the meeting at which it is to be submitted.)

1. Name, mailing address and telephone number of applicant.

2. Name, mailing address and telephone number of owner of record if other than applicant.

3. Location of property (street address) _____

4. Town of Alstead Tax Map _____ Lot Number _____ Zoning District _____

5. Description of property (area, dimensions, frontage, slopes, natural features and present use) _____

6. Proposed use _____

7. Abutters: Attach a separate sheet listing the Town of Alstead Tax Map, Lot Number, Name and Mailing Address of all abutters, including those across a street, brook or stream. Names must be those of current owners as recorded in the Tax Records five (5) days prior to the submission of this application.

8. Include the required items on the attached checklist.

9. Applicant must pay all applicable fees:

Application Fee (see Town of Alstead Schedule of Zoning Board of Adjustment Fees).....\$120.00

Notice to each abutter, including owner and surveyor/agent/engineer/planner (pursuant to RSA676: 4(I)(d)).\$10.50ea

Total \$ _____

The applicant and/or owner or agent, certifies that this application is correctly completed with all required attachments and requirements and that any additional costs for engineering or professional services incurred by the Zoning Board of Adjustment or the Town of Alstead in the final approval process of this request shall be borne by the applicant and/or owner.

"I hereby authorize the Alstead Zoning Board of Adjustment and its agents to access my land for the purpose of reviewing this request, performing road inspections and any other inspections deemed necessary by the Board or its agents, to ensure conformance of the on-site improvements with the approved plan and all Town of Alstead Ordinances and Regulations."

Date _____

Owner _____

or Authorized Agent (with letter of authorization from Owner)

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 APPEAL FROM AN ADMINISTRATIVE DECISION
relating to the interpretation and enforcement of the provisions of the zoning ordinance.**

Decision to be reviewed _____

Building Permit number, if applicable: _____ Date: _____

Section(s) Article _____ Section _____ of the ordinance in question: _____

Basis for allegation of error in the above decision: _____

Additional information or comments (if necessary or pertinent): _____

