



Town of North Hampton
Zoning Board of Adjustment

233 Atlantic Avenue – 2nd Floor Tel 603.964.8650
North Hampton, NH 03862 Fax 603.964.1514

APPLICATION FOR RELIEF

Date: _____	CASE # _____
Applicant: _____	Phone Number/s: _____
Address: _____	
Owner of Property: _____	Phone Number/s: _____
Address: _____	
Tax Map/Lot #: _____	Zoning District: _____
Location of Property: _____	

Relief Sought

<input type="checkbox"/>	Appeal of Decision of Administrative Officer (Form 2) [RSA 674:33, 676:5] *
<input type="checkbox"/>	Petition for Variance from Zoning Ordinance (Form 3) [RSA674:33]
<input type="checkbox"/>	Petition for Special Exception (Form 4) [RSA 674:33]
<input type="checkbox"/>	Request for Equitable Waiver (Form 5) [RSA 674:33-a]
<input type="checkbox"/>	Other Request for Relief (Form 1) [any RSA]

* Written documentation of the Decision from which the Appeal is being taken must accompany this Application.

Describe all Relief Requested: [Cite specific Zoning Ordinance(s) or RSA.]

Use additional pages as necessary

Complete as applicable

Signed: _____ <i>Petitioner</i>	Signed: _____ <i>Designee</i>
Name (print): _____	Name (print): _____
Capacity/Title: _____	Capacity/Title: _____

Initial acknowledgement of receipt

<input type="checkbox"/> Application Instructions _____	<input type="checkbox"/> ZBA Rules of Procedure _____
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Estimated time to present petition: _____

Payment Amt. _____ Received by _____ Date: _____