



**Town of North Hampton
Zoning Board of Adjustment**

233 Atlantic Avenue – 2nd Floor
North Hampton, NH 03862

Tel 603.964.8650
Fax 603.964.1514

APPLICATION FOR RELIEF

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

Relief Sought

<input type="checkbox"/>	Petition for Administrative Appeal (Form 2) [RSA 674:33, 676:5] *
<input type="checkbox"/>	Petition for Variance from Zoning Ordinance (Form 3) [RSA 674:33]
<input type="checkbox"/>	Petition for Special Exception (Form 4) [RSA 674:33]
<input type="checkbox"/>	Petition 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)]

_____ _____ _____ _____

Use additional pages as necessary

Signed: _____

Applicant

Signed: _____

Property Owner

Name (print): _____

Name (print): _____

Capacity/Title: _____

Capacity/Title: _____

Initial acknowledgement of receipt

☐ Application Instructions _____

☐ ZBA Rules of Procedure _____

Estimated time to present petition: _____

Payment Amt. _____ **Received by** _____ **Date:** _____