

ZONING BOARD OF ADJUSTMENT
TOWN OF GRANTHAM, NH
300 ROUTE 10 S
GRANTHAM, NH 03753
(603) 863-6021
www.granthamnh.net

APPLICATION FOR AN EQUITABLE WAIVER OF DIMENSIONAL
REQUIREMENT

Name of Application _____

Name of property owner _____

Mailing Address _____

Property Address _____

Tax Map and Lot Number _____ Zone _____

An Equitable Waiver of Dimensional Requirements is requested from Article _____
Section _____ of the Grantham Zoning Ordinance to permit _____

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

2. Explain how the violation has existed for ten (10) years or more with no enforcement action,
including written notice, being commenced by the town _____

~ or ~

2. 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
legitimate mistake _____

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 gained _____

Signature of Applicant _____

Signature of Property Owner _____

Date _____

**ZONING BOARD OF ADJUSTMENT
LIST OF ABUTTERS**

Property Owner Name and Address

Applicant/Agent Name and Address

Please list map and lot reference number in addition to name and mailing address of all abutters.
