



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

**INSTRUCTIONS TO APPLICANTS
APPEALING TO THE BARRINGTON
ZONING BOARD OF ADJUSTMENT¹**

**IMPORTANT: PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE
FILLING OUT ATTACHED APPLICATION**

Dear Applicant:

This will serve to briefly inform you as to what you must do to bring a petition before the Barrington Zoning Board of Adjustment (ZBA). Please refer to the NH Statutes on Land Use and Regulation and the Barrington Zoning Ordinance for more specific information. You must complete the application(s) applicable to you. There are four (4) purposes to petition the ZBA; they are:

1. **Variances** - where special conditions exist in the property warranting the use of that property in a manner which literally or technically is in violation of the ordinance. Variances can be sought to dimensional or use requirements.

There is a special type of variance allowed for persons having a recognized physical disability, which may be granted for as long as the particular person has a need to use the premises (see RSA 674:33-V). Any medical information submitted to substantiate a disability will remain confidential.

2. **Special Exceptions** - where the ordinance specifically permits a particular use provided the applicant can prove that whatever conditions attached to such use by the ordinance have or will be complied with.
3. **Appeal from Administrative Decisions** - where the applicant feels that the Administrative Official made an error in applying or interpreting the zoning ordinance in a particular case.
4. **Equitable Waiver of Dimensional Requirements** - where a lot or other division of land, or structure thereupon, is discovered to be in violation of a physical layout or dimensional requirement imposed by a zoning ordinance enacted pursuant to RSA 674:16.

¹ Any and all statements made herein are for purposes of this application only, and are made to assist the applicant in their completion of this document. To the extent anything in this application conflicts with any federal, state, and/or local law, ordinance, and/or regulation, said law, ordinance, and/or regulation controls. Furthermore, any and all representations made herein by the applicant are deemed material terms of any approval resulting herefrom.

YOU, THE APPLICANT, ARE RESPONSIBLE FOR PRESENTING SUFFICIENT INFORMATION TO SUPPORT AND PROVE YOUR CASE. WHEN FILLING OUT THE APPLICATION, PLEASE PRINT OR TYPE.

Familiarity with the particular provision of the Zoning Ordinance that affects your property is important, and any specific questions you may have relative to your particular case can be answered either by obtaining a copy of the Zoning Ordinance at the Land Use Office, or by inquiring at the Land Use Office, Town Hall, 4 Signature Dr., Barrington, NH 03825. The Zoning Ordinance can also be viewed on the Town website at <https://www.barrington.nh.gov/land-use-department>.

You may represent yourself or authorize, in writing, someone else to represent you.

The attached application form must be properly completed. Included with the application is a form to list all abutters to the property that is the subject of the appeal. Please obtain the tax map and lot numbers, names and addresses of the abutters from the Barrington Assessor's Office.

Deliver or mail seven (7) copies of the completed application, with applicable attachments to the Land Use Department at least fifteen (15) days prior to the ZBA meeting date. The ZBA meets on the third Wednesday of the month.

A complete application includes, the application, the items on the checklist, and all fees paid. The fee is charged to cover the cost of preparing and mailing the legally required certified letters to the abutters and to place a legal notice in the newspaper. Cash or check is accepted as the form of payment. Please, make the check payable to the Town of Barrington and remit with your application.

The ZBA will hold a public hearing on your application at its regularly scheduled monthly meeting. Public notice of the hearing will be posted at the Town Hall, Barrington Library, the Barrington Post Office, the Land Use Department office and printed in the newspaper. Certified letters will be mailed to you and to all abutters at least five days before the date of the hearing. You and all other parties will be invited to appear in person or by agent or counsel to state the reasons why the appeal should or should not be granted. Please be advised that a decision may not be made the same night of the hearing. You will be sent a notice of the decision.

ZONING BOARD OF ADJUSTMENT APPLICATION



Office Use Only	Case #: _____	Date Received: _____
	Amount Paid: \$ _____	Time Received: _____

APPLICANT/PROPERTY OWNER INFORMATION

APPLICANT: _____ Phone # _____

Address of Applicant: _____

E-Mail Address: _____

PROPERTY OWNER (if different from applicant): _____

Address: _____ Phone # _____

E-Mail Address: _____

PROPERTY/PARCEL INFORMATION

Address: _____

Brief Directions: _____

Zoning District: _____ Assessor's Map # _____ Lot(s) # _____ Acre(s) _____

TYPE OF APPEAL: (Please check one)

- _____ Variance from Section _____ of the Zoning Ordinance
- _____ Special Exception per Section _____ of the Zoning Ordinance
- _____ Appeal of Administrative Decision regarding Section _____ of the Zoning Ordinance
- _____ Equitable Waiver per Section _____ of the Zoning Ordinance

DESCRIBE BRIEFLY YOUR PLANS FOR THE PROPERTY (NARRATIVE): (If needed, please submit on additional paper attached to the application.)

APPLICATION CHECKLIST (Please check off)

- A. **Application signed** by Applicant and Property Owner (if different from Applicant) _____
Note: In order for the application to be accepted by Land Use Department staff and placed on the ZBA agenda YOU MUST COMPLETE (1) ALL SECTIONS ON PAGE 1 as well as (2) ALL QUESTIONS FOR THE SPECIFIC APPEAL YOU ARE SEEKING.

- B. **Seven (7) Copies of Completed Zoning Board of Adjustment Application** _____
Note: Only include those pages of the application that are relevant to your request. Please do not include the abutters list with the 9 copies (include only as part of original signed application (Part A above)).

- C. **Context or Locus Map** (Show Surrounding Zoning Districts) _____

- D. **Tax Map** (Copy can be attained by the Assessing Office) _____

- E. **Existing Conditions Site Plan or Recorded Subdivision Plan** to include well and septic location (may be found at Strafford County Registry of Deeds). _____

- F. **Seven (7) Copies of a plot plan** drawn in accordance with a boundary line to scale not less than 1" = 40'. They need to include the lot dimensions including area in square feet, and also the size and location of existing and proposed buildings if applicable, including setbacks. _____
Site Plan - ***Drawn and Stamped by Registered Land Surveyor***
 - a. 24" X 36" – 2 Copies
 - b. 11' X 17" – 5 Copies
 - d. PDF copy emailed to Town Planner @ planning@barrington.nh.gov

- G. **Seven (7) copies of colored photos:** Existing Conditions Photo Exhibit _____
Up to four photos may be shown per 8 ½" X 11" page size.
 - a. Photos are to be taken looking toward the site and adjacent to the site.
 - b. Photos should show adjacent improvements and existing on-site conditions.
 - c. Number the photographs according to view.

- H. **List of abutters** List of Certified Abutters (Include Applicant and all licensed professionals, i.e., engineer, architect, land surveyor, or soil scientist, whose seals are affixed to the plan, as well as any holder of a conservation or agricultural easement.) Including addresses and map and lot number of parcels that adjoin or is directly across the street or stream from the land under consideration by the local land use board of the subject property. _____

- I. **Mailing Labels** in triplicate with abutters names and addresses for notices. _____

J. **TOTAL FEE** paid by cash or check made payable to “Town of Barrington”

- 1. Application fee of:
 - \$150.00 VARIANCE \$ _____
 - \$150.00 SPECIAL EXCEPTION \$ _____
 - \$150.00 APPEAL FROM ADMINISTRATIVE DECISION \$ _____
 - \$150.00 EQUITABLE WAIVER \$ _____
- 2. Certified letters fee: # of abutters _____ X \$10.00 = \$ _____
- 3. Applicant & Owner mailing fee: _____ X \$10.00 = \$ _____
- 4. Foster’s newspaper public notice \$ 250.00

TOTAL FEE \$ _____

SIGNATURE PAGE

THIS SECTION OF THE APPLICATION MUST BE COMPLETED BY ALL APPLICANTS

I, the undersigned Applicant, hereby certify that the information contained within this Application is complete and accurate, and I acknowledge that I have read and understand the Application Instructions, which are set forth on the first two pages of this Application form.

Signature of Applicant*

*Both Signatures Required

Signature of Owner*

**Please note: if the applicant is representing the owner, a notarized authorization letter must be submitted at the time of the application. **

AUTHORIZATION TO ENTER SUBJECT PROPERTY

I, and my successors, hereby authorize members of the Barrington Zoning Board, Land Use Department and other pertinent Town Departments and boards to enter my property for the purpose of evaluating this application, including performing inspections during the application phase, post- approval phase, construction phase and occupancy phase. It is understood that these individuals must use all reasonable care, courtesy, and diligence when on the property.

Signature of Property Owner: _____ Date: _____

Signature of Land Use Staff: _____ Date: _____

EQUITABLE WAIVER OF DIMENSIONAL REQUIREMENTS

THIS SECTION TO BE COMPLETED BY EQUITABLE WAIVER APPLICANTS ONLY

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

1. Does the request involve a dimension requirement, not a use restriction? yes no

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

OR b) 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.

NOTE: The Board must find in the affirmative on all four questions or the request must be denied.

ABUTTER LIST

THIS SECTION OF THE APPLICATION MUST BE COMPLETED BY ALL APPLICANTS

Pursuant to RSA 676:7 as amended, the State Law of New Hampshire, the Town of Barrington is required to notify the applicant and every abutter of the public hearing by certified mail. The cost of required publication or posting of notice, and the cost of mailing said notices, shall be paid by the applicant.

Refer to RSA 672:3 as amended, for the definition of an Abutter.

.PLEASE NOTE: Abutter ownership information for lots located in Barrington, shall be obtained through the Town's Assessment Office.

Tax Map	Lot No.	Owner(s) of Record	Mailing Address

Signature of Property Owner: _____ Date: _____

Signature of Land Use Staff: _____ Date: _____



Town of Barrington Zoning Board of Adjustment
Application Authorization

I/We _____
(Property Owner*)

hereby authorize _____

(Applicant Name and Address)

to appear before the Zoning Board of Adjustment on my/our behalf with a

_____ Application
(type of application)

for _____

(Project name and description)

Property location/address: _____

Tax map and lot number: _____

Zoning District: _____

Property Owner* Signature Date

Notary Public Signature Date

*All listed owners of a property must sign an application authorization form.