

**TOWN OF BARRINGTON**  
PO Box 660; 333 Calef Hwy, Barrington NH 03825

Land Use Department  
Tel (603) 664-5798 (603) 664-0195

**FOR OFFICE USE ONLY**

Case No. \_\_\_\_\_  
Date Filed \_\_\_\_\_  
Meeting Date \_\_\_\_\_  
Fee Amount \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Outcome \_\_\_\_\_

**APPLICATION FOR AN EQUITABLE WAIVER OF DIMENSIONAL REQUIREMENTS**

To: Zoning Board of Adjustment  
Town of Barrington

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name(s) of Owner(s) \_\_\_\_\_  
(if same as applicant, write "same")

Owner(s) Address \_\_\_\_\_

**PROPERTY INFORMATION**

Location of property \_\_\_\_\_ Zone \_\_\_\_ Tax Map \_\_\_\_\_

Lot Dimensions: Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

Lot Area: Acres \_\_\_\_\_ Square Feet \_\_\_\_\_

Present Use of Property: \_\_\_\_\_

**NOTE:** This application is not acceptable unless all statements below have been completed.  
Additional information may be supplied on a separate sheet if the space provided is not adequate.

**EQUITABLE WAIVER REQUEST**

An Equitable Waiver of Dimensional Requirements (NH RSA 674:33-a) is requested from  
Article \_\_\_\_\_ Section \_\_\_\_\_ of the Zoning Ordinance Regulations to permit:

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SUPPORTING INFORMATION
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1. Does the request involve a dimensional requirement, not a use of restriction? Yes ☐ No ☐

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

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-OR-

2b. Explain how the nonconformity was discovered after subdivided by a conveyance the structure was substantially completed or after a lot or other division of land in violation had been transferred to a bona fide purchaser for above:

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-AND-

How the violation was not an outcome of ignorance of the law or bad faith but resulted from a legitimate mistake in measurement made by the owner or owners agent or by an error in ordinance interpretations/application by an official while issuing a permit:

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3. Explain how the nonconformity does not constitute a nuisance nor diminish the value or interfere with or adversely affect present or future uses of other property in the area:

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4. Explain how the cost of correcting the violation far outweighs any public benefit to be gained from compliance with the regulation:

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I hereby certify that I am the owner in fee or the authorized agent of the owner in fee of the property upon which this equitable waiver is sought and that all information provided by me is true to the best of my knowledge under penalty of law.

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Signature of Property Owner or Authorized Agent

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Date

Name of Property Owner (Typed or Printed) \_\_\_\_\_

The Barrington Zoning Board strongly recommends that, before making any appeal, you become familiar with the zoning ordinance, and also with the New Hampshire Statutes TITLE LXIV, RSA Chapters 672- 677, covering planning and zoning. The person applying for relief is responsible for filing out the application in its entirety and verifying the accuracy of the information.

### **APPLICATION PROCEDURE FOR ZONING BOARD OF ADJUSTMENT HEARING**

Clarification of the Zoning Ordinance and assistance in completing the application process can be obtained from Town Staff. Legal assistance should be obtained from the Applicant's personal attorney. Correctness of information submitted is the responsibility of the Applicant.

The following must be filed with the Application:

- ✓ Application fee, public notice fee, and abutter notification fee
- ✓ An abutters list must comply with NH RSA **672:3 Abutter**, as well as anyone whose professional seal and or name appears on the plan. Tax Map No. and Lot No. must also appear on the list for the abutting properties. **Important:** Applicant shall certify that the abutters are as indicated in the Town of Barrington's Select Board Office not more than 5 days prior to day of filing the application with the Zoning Board.
- ✓ Six (6) sets of plans drawn to scale which show lot location, lot size, setbacks, locations of well and septic and dimensions of all structures on the lot in question, and ownership of adjoining lots of land. A certified Plot Plan is required. In applications, 11" x 17" plans may be accepted, including (1) full size set of plans.
- ✓ By signing this application you are also authorizing members of the board or interested parties to do a site visit of the property
- ✓ A written description of work proposed or change in use and any dimensions pertinent to construction.
- ✓ If the applicant is not the owner, a signed and notarized Owner's Authorization for Representation must be submitted.

No application shall be accepted for processing until **all** of the required information is received.

### **HEARING NOTIFICATION PROCESS & FEES**

- ✓ Your hearing will be held within 30 days after submission of a complete application. You will be notified by certified mail as to time, place, and date of the public hearing.
- ✓ The fee for an application to the Barrington Zoning Board of Adjustment is \$150 for the first request; \$75.00 to post notice in the paper and \$7.00 for each abutter and professional to be notified.
- ✓ Completed forms must be filed by the last Wednesday of the month to be heard on the third Wednesday of the following month.
- ✓ The applicant or his representative must attend the public hearing held on the above request and present the case to the Board.
- ✓ All applications must be signed by the property owner or, where applicable, by a notarized designation of agent.
- ✓ Each applicant is entitled to a hearing by a five-member Board. If, for any reason, five members are not available, the applicant(s) may elect to postpone the hearing and decision until the next meeting of the Board at which five members are present.
- ✓ A petition may be withdrawn by the applicant(s) by written notification submitted to Town Staff prior to the hearing or presented to the Chairman of the Board at the hearing.