

Town of New Castle, New Hampshire  
49 Main Street, PO Box 367, New Castle, NH 03854-0367



Telephone (603) 431-6710 Fax (603) 433-6198

Map: \_\_\_\_\_  
Lot: \_\_\_\_\_  
Zone: \_\_\_\_\_

**TOWN OF NEW CASTLE  
ZONING BOARD OF ADJUSTMENT  
Request for Hearing**

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Owner \_\_\_\_\_

Location of Property: \_\_\_\_\_

Tax map identification (from tax bill), Street address

Be sure to read the Citizen's Guide. Then fill out Sections 1, 2, or 3 as they may apply. In all cases provide with your application 10 sets of plans or supporting material that you would like the Board and the public to consider in the hearing. **Adequate information must be provided with your application to define what you propose. Abutter list with accurate addresses, labels preferred. Submitted 3 weeks before public hearing.**

**PUBLIC HEARING COSTS:** \$100.00 / \$ 50.00 Public Hearing Posting Fee,  
\$7.00 (Certified Letter x each abutter)

**Section 1 - APPLICATION for VARIANCE**

The applicant requests a variance to the terms of Article \_\_\_\_\_ Section \_\_\_\_\_ and asks that these terms be waived to permit:

\_\_\_\_\_  
\_\_\_\_\_

Briefly explain why the Zoning Ordinance cannot be complied with:

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**Section 2 - APPEAL FROM an ADMINISTRATIVE DECISION**

The applicant alleges that an error has been made in a decision, determination, or order by \_\_\_\_\_ on \_\_\_\_\_

in relation to Article \_\_\_\_\_ Section \_\_\_\_\_ of the Zoning Ordinance or \_\_\_\_\_  
\_\_\_\_\_ and appeals that decision.

**Section 3 - APPLICATION for a SPECIAL EXCEPTION**

The applicant requests a Special Exception as provided in Article \_\_\_\_\_ Section \_\_\_\_\_ of the Zoning Ordinance to:

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**SIGNED:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Fee Paid:** \_\_\_\_\_  
Applicant Recd. \_\_\_\_\_