

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:

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:

SIGNED: _____ **Date:** _____ **Fee Paid:** _____
Applicant Recd. _____