

**TOWN OF MERRIMACK ZONING BOARD OF ADJUSTMENT**

Application for a Use or Area Variance (Circle One)

DATE SUBMITTED: \_\_\_\_\_

Case #: \_\_\_\_\_

Tax Map \_\_\_\_\_/Lot \_\_\_\_\_

Zoning District(s): \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

e-mail: \_\_\_\_\_

Is Applicant the property owner? \_\_\_ Yes \_\_\_ No

If no, identify Owner

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

e-mail: \_\_\_\_\_

Owner's Signature (or attach letter of authorization): \_\_\_\_\_

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**All Variance Requests:**

A variance is requested from Section \_\_\_\_\_ of the Zoning Ordinance to permit:

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

**Where a setback is an issue**, the applicant **shall submit a plot plan** showing the dimensions of the subject area including proposed structure and setback requested. Approximate locations of septic system, well, driveway and any other existing site improvements or amenities should also be shown on the plan. Please also **submit photographs** of area where setback relief is requested to assist the Zoning Board members in their review of the application.

I/We do authorize the Town of Merrimack Zoning Board of Adjustment and staff to enter upon the above referenced property for inspection.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Property Owner  
if Different from Applicant)

**Application for a AREA Variance**

Please provide evidence, in support of the request, that address the following variance criteria:

1. The proposed use would not diminish surrounding property values because:\_\_\_\_\_

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2. Granting the variance would not be contrary to the public interest because:\_\_\_\_\_

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3. Denial of the variance would result in unnecessary hardship to the owner because:

a. the following special conditions of the property make an area variance necessary in order to allow the development as designed:

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b. **and** the same benefit cannot be achieved by some other reasonably feasible method that would not impose an undue financial burden because:

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4. Granting the variance would do substantial justice because:

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5. The use is not contrary to the spirit of the ordinance because:\_\_\_\_\_

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**Application for an USE Variance**

Please provide evidence, in support of the request, that address the following variance criteria:

1. The proposed use would not diminish surrounding property values because:\_\_\_\_\_

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2. Granting the variance would not be contrary to the public interest because:\_\_\_\_\_

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3. Denial of the variance would result in unnecessary hardship to the owner because:

a. the zoning restriction as applied to the property interferes with the reasonable use of the property, considering the unique setting of the property in its environment such that:\_\_\_\_\_

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b. that no fair and substantial relationship exists between the general purposes of the zoning ordinance and the specific restriction on the property because:

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c. the variance would not injure the public or private rights of others since:

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4. Granting the variance would do substantial justice because:

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5. The use is not contrary to the spirit of the ordinance because:\_\_\_\_\_

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**TOWN OF MERRIMACK ZONING BOARD OF ADJUSTMENT**

Application for a Variance – Checklist Requirements

All requests for variances shall be accompanied by a properly completed, dated and signed Application for a Variance, which shall contain the following:

		<u>Applicant</u>	<u>CDD</u>
1.	Tax Map _____/Lot _____	_____	_____
2.	Name and address of applicant.	_____	_____
3.	Name and address of property owner (if different).	_____	_____
4.	For <b>area variances</b> , a plot plan drawn to scale which shows lot location, lot size, setbacks, existing and proposed structures, and ownership of adjoining parcels of land.	_____	_____
5.	A list, and two (2) sets of address labels, with the names & legal addresses of applicant, property owner, and all property owners abutting the subject parcel, including those directly across the street or stream.	_____	_____
6.	Certification by applicant that the abutters are as indicated in the Town of Merrimack Assessor’s records, not more than 5 days prior to day of filing.	_____	_____
7.	Signed authorization for the Zoning Board and staff to enter upon the subject property for inspection.	_____	_____
8.	Application fee and abutter notification fee.	_____	_____

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Revised: 11/19/07