



TOWN OF STRATHAM

Zoning Board of Adjustment
10 Bunker Hill Avenue, Stratham NH 03885
Building Department (603) 772-7391
www.strathamnh.gov

APPEAL FROM ADMINISTRATIVE DECISION APPLICATION

This completed application (including all required application package contents) must be filed with the Zoning Board of Adjustment's Agent no later than 12:00 PM on the deadline day published in the ZBA's Schedule of Regular Board Meetings.

1. PROPERTY OWNER AND APPLICANT INFORMATION:																			
PROPERTY OWNER NAME:																			
Phone #:		Email Address:																	
Mailing Address:																			
APPLICANT/PRIMARY CONTACT: (Company and contact name if not Property Owner)																			
Phone #:		Email Address:																	
Mailing Address:																			
2. PROPERTY/PROJECT INFORMATION:																			
ZBA Case # of Original Project being appealed (if applicable):																			
Property Address:																			
<p>Zoning District(s): Check all that apply.</p> <table border="0"><tr><td><input type="checkbox"/> Commercial/Light Industrial/Office</td><td><input type="checkbox"/> Residential/Agricultural</td></tr><tr><td><input type="checkbox"/> Flexible/Mixed Use Development</td><td><input type="checkbox"/> Retirement Planned Community</td></tr><tr><td><input type="checkbox"/> Gateway Commercial Business</td><td><input type="checkbox"/> Route 33 Legacy Highway Heritage</td></tr><tr><td><input type="checkbox"/> Industrial</td><td><input type="checkbox"/> Special Commercial</td></tr><tr><td><input type="checkbox"/> Manufactured Housing/Mobile Home</td><td><input type="checkbox"/> Town Center</td></tr><tr><td><input type="checkbox"/> Professional/Residential</td><td></td></tr></table>		<input type="checkbox"/> Commercial/Light Industrial/Office	<input type="checkbox"/> Residential/Agricultural	<input type="checkbox"/> Flexible/Mixed Use Development	<input type="checkbox"/> Retirement Planned Community	<input type="checkbox"/> Gateway Commercial Business	<input type="checkbox"/> Route 33 Legacy Highway Heritage	<input type="checkbox"/> Industrial	<input type="checkbox"/> Special Commercial	<input type="checkbox"/> Manufactured Housing/Mobile Home	<input type="checkbox"/> Town Center	<input type="checkbox"/> Professional/Residential		<p>Overlay District(s): Check all that apply.</p> <table border="0"><tr><td><input type="checkbox"/> Aquifer Protection</td></tr><tr><td><input type="checkbox"/> Floodplain Management</td></tr><tr><td><input type="checkbox"/> Shoreland Protection</td></tr><tr><td><input type="checkbox"/> Wetlands Conservation</td></tr></table>		<input type="checkbox"/> Aquifer Protection	<input type="checkbox"/> Floodplain Management	<input type="checkbox"/> Shoreland Protection	<input type="checkbox"/> Wetlands Conservation
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3. PROFESSIONAL SUPPORT (Include additional sheets if necessary):																			
COMPANY NAME:		Contact:																	
Phone #:		Email Address:																	
Mailing Address:																			
4. DECISION OF THE ADMINISTRATIVE OFFICER TO BE REVIEWED																			
<p>Relating to the interpretation and enforcement of the provisions of the zoning ordinance.</p> <p>Section _____ Article _____ of the Zoning Ordinance in question.</p> <p>Decision of the enforcement officer to be reviewed:</p>																			

5. APPLICANT'S CERTIFICATION:

I/We declare under penalty of perjury that all of the submitted information is true and correct to the best of my knowledge and belief. I/We have read and agree to abide by the regulations of the Town of Stratham. I/We understand that any misrepresentations of submitted data may invalidate any approval of this application. If the use is not operated in compliance with these regulations, the permit may be revoked by the Code Enforcement Officer or the Zoning Board of Adjustment.

By signing this application, you are agreeing to all rules and regulations of the Town of Stratham, and are agreeing to allow agents of the Town of Stratham to conduct inspections, during normal town business hours, on your property, to ensure compliance with all Stratham Zoning, Subdivision and/or Site Plan Review regulations while your application is under consideration. The Town accepts electronic signatures on this application. Electronic signatures carry the same validity, enforceability and admissibility, as handwritten signatures.

I/We, the undersigned, authorize _____ to act as the professional and primary contact representing this application before the Stratham Planning Board. Communications related to this application, including those from the Stratham Planning Department, will be directed to this representative.



Signature of Applicant

Print Applicant's Name

Date



*Signature of Property Owner**

Print Property Owner's Name

Date

*This application must be signed by the owner of the property or other person having the legal right to apply as an agent of the owner. If signed by a person other than the owner of the property, documentation of the legal right to apply as an agent of the owner must be included as part of the application submittal.

PROPERTY OWNER'S INFORMATION IF APPLICANT IS RENTING/LEASING:

You must submit a signed letter from the property owner stating that you have their permission to conduct the proposed business project on their property. This letter must include the property owner's name, current address, and telephone number.

APPLICATION CHECKLIST:

- Nine (9) copies of the completed and signed application and supporting materials, including plats or drawings, which provide information in support of the variance.
- Abutters list (downloadable from <https://next.axisgis.com/StrathamNH/>).
- Application Fee and Pubic Notice Costs. All checks are to be made payable to the Town of Stratham.
Application Fee = \$100.00 plus notice costs.
Public Notice Costs = \$150.00 plus \$5.00 per abutter/applicant/consultant for the costs of all notice requirements including newspaper publication and postage for certified mail and regular mail.
- Three (3) sets of abutter/applicant/consultant mailing labels.

PLEASE DO NOT WRITE BELOW THIS LINE – FOR TOWN USE ONLY

ZBA Case Number: _____

Check Number: _____

Application Fee: _____

Check Amount: _____

Notice and Abutter Fee: _____

Check Payor: _____