

APPLICATION FOR A SPECIAL EXCEPTION

To: **Zoning Board of Adjustment,
Town of Charlestown, NH**

Do not write in this space:

Case No: _____

Date filed: _____

(signed – ZBA)

Name of Applicant _____

Mailing Address _____

Telephone _____

Property Owner _____

(if same as applicant, write "Same")

Mailing Address _____

Location of property _____

(Street Address)

Tax Map No. _____ Lot No. _____ Zoning District _____

NOTE: This application is not acceptable unless all required information is provided. Additional information may be supplied on a separate sheet if necessary. This application must be accompanied by a plan or sketch illustrating the proposed use and its compliance with the applicable Special Exception criteria.

APPLICATION FOR A SPECIAL EXCEPTION

Description of proposed use showing justification for a special exception as specified in Section _____ of the Zoning Ordinance.

Explain how the proposal meets the special exception criteria as specified in Section _____ of the Zoning Ordinance: (list all criteria from ordinance)

Criteria 8.10.1 – No use shall be permitted which could cause any undue hazard to health, safety or property values or which is offensive to the public because of noise, vibration, dust, particulate matter, radiation, excessive traffic, unsanitary conditions, noxious odor, smoke or other similar reasons.

Criteria 8.10.2 - Sufficient off-street parking shall be provided to allow 300 square feet for each two anticipated patrons or employees on the premises at the same time.

Criteria 8.10.3 - All setback regulations shall be complied with. All known abutters of any proposed special exception site shall be notified by the Board of Adjustment by certified mail at least one week prior to any public hearing regarding the special exception. The names and addresses of the known abutters shall be supplied by the applicant on a plat plan to be submitted to the Board of Adjustment.

Applicant _____ Date _____
(Signature)