



TOWN OF WARNER

P.O. Box 59
 Warner, New Hampshire 03278-0059
 Land Use Office: (603)456-2298 ex. 7
 Fax: (603) 456-2297

Zoning Board of Adjustment

APPLICATION FOR VARIANCE

This application is subject to NH RSA 91-A which affords the public access to government records and meetings.

Application Fee		Notification Fee	
Residential	\$50.00	Abutter Notification	\$7.00
Commercial	\$100.00	Applicant Notification	\$7.00

- * Fees for publication of the Legal Notice will be invoiced and must be paid prior to starting the hearing
- ** Please use attached form to list all abutters within 200 feet of the boundaries of the property.

Applicant/Contact Person Information			
Name of Applicant:			Date:
Applicant Mailing Address:			
	Town:	State:	Zip:
Telephone	Primary:	Alternate:	
Owner of Property Information			
Name of Owner: Clark and Janet Lindley			Date: 10-26-20
Owner Mailing Address: 490 Pumpkin Hill Road			
	Town: Warner	State: NH	Zip: 03278
Telephone	Primary: (603) 456-3743	Alternate: (cell) 978-697-1628	
Location and Description of Property			
Map #:	Lot #:	Zoning District:	
Address:			
Will a Site Plan Review approval be required by the Planning Board?			Yes No
Proposed Use:			
Details of Request: Please feel free to include additional information on separate attached pages. Be sure to put the name of applicant and date on each sheet. (indicate number of sheets attached _____)			

ALL APPLICABLE PAGES MUST BE COMPLETED TO BE ACCEPTED

Authorization from Owner(s):

1. I (We) hereby designate _____ to serve as my (our) agent and to appear and present said application before the Warner Zoning Board of Adjustment [Zoning Board].
2. By submitting this application I (We) hereby authorize and understand that agents of the Town may visit the site without further notice. I (We) further understand the Zoning Board may at some point during the review process schedule a Site Visit, which will be duly posted.
3. I (We) understand that the Zoning Board will review the application/plan and/or may send the application/plan out for review. The applicant shall pay for such a review.
4. To the best of my (our) knowledge, the information provided herein is accurate and is in accordance with the Town of Warner Zoning Ordinance and other land use regulations of the Town and other applicable state and federal regulations which may apply.

Signature of Owner(s): Charles M. Lindley
Janet A. Lindley

Date: 10-26-2020

Date: 10-26-20

Signature of Applicant(s), if different from Owner: _____

Date: _____

Date: _____

Printed name of person(s) who signed above:

For Zoning Board of Adjustment Use Only		
Assigned Case #:		
Date Received at Land Use Office:		
Received by:		
Fees Submitted:		
Amount:	Cash:	Check #:
		Other:
Abutters' List Received:	Yes	No
Date of Review:	Date of Hearing:	Date Approved:

ALL APPLICABLE PAGES MUST BE COMPLETED TO BE ACCEPTED

ALL COSTS OF MAILING BY CERTIFIED MAIL, FEES, AND LEGAL ADVERTISEMENT IN A NEWSPAPER MUST BE PAID BY APPLICANT BEFORE THE HEARING MAY BEGIN.

Town of Warner Zoning Board of Adjustment Abutter(s) List

Please list all abutters **within 200 feet** of the boundaries of the property.
Applicant must reference and follow stipulations in the Abutter(s) List Instructions
on page 3, item numbers 10.a. through 10.d. of the Application Instructions.

Map	Name:
Lot	Address:
Map	Name:
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