



**Town of Warner Zoning Board of Adjustment  
P. O. Box 265  
Warner, New Hampshire 03278-0265**

**General Instructions for an Application for Appeal to the Zoning Board of Adjustment**

**A. The Types of Appeals**

**1. Variance**

- a. A variance is an authorization, which may be granted under a special circumstance, to allow your property to not meet requirements specified in the Zoning Ordinance. For a variance to be legally granted, you must show that your proposed use meets all of the conditions listed in the Ordinance.
- b. If you are applying for a variance, you must first have some form of determination that you are not permitted to proceed without a variance. Most often this determination is a denial of a building permit, but could be a referral from the Planning Board. A copy of the determination must be attached to your application.

**2. Special Exception**

- a. Certain sections of the Zoning Ordinance provide that uses, buildings or activities in a particular zone will be permitted by Special Exception if specified conditions are met. The necessary conditions for each Special Exception are given in the Ordinance. Your appeal for a Special Exception will be granted if you can show that the conditions stated in the ordinance are met.
- b. If you are applying for a Special Exception, you may also need Site Plan Review or Subdivision approval, or both, from the Planning Board. Even in those cases where no Planning Board approval is needed, presenting a Site Plan to the Planning Board will assist in relating the proposal to the overall zoning. This should be done before you apply for a Special Exception.

**3. Appeal of Administrative Decision**

- a. If you have been denied a building permit or are affected by some other decision regarding the administration of the Town of Warner Zoning Ordinance, you may appeal the decision to the Zoning Board of Adjustment. The appeal must be made normally within 30 days of the decision, according to the Rules of Procedure of the Warner Zoning Board of Adjustment. The appeal will be granted if you can show that the decision was indeed made in error.
- b. If you are appealing an administrative decision, a copy of the decision appealed for must be attached to the application.

**4. Equitable Waiver of Dimensional Requirements**

If you have found that your structure does not conform to the dimensional requirements for the zoning district in which it is located as a result of an error by your builder, yourself or a public official, you may be eligible for an Equitable Waiver of Dimensional Requirements. This does not mean that your structure is then a legal non-conforming use but rather recognizes the error and prevents any enforcement action against that error in the future. All subsequent construction at the site must then comply with all dimensional requirements.

B. **Application Instructions:**

1. Read and complete the proper application for the type of appeal. If the application is incomplete, it will be returned. This will cause delay in the processing of the application and hearing before the Zoning Board.
2. The Zoning Board strongly recommends that prior to filing an appeal, the applicant become familiar with the Warner Zoning Ordinance and also with the New Hampshire Statutes Title LXIV, RSA Chapters 672 to 677 as amended, covering planning and zoning.
3. You must submit an application in writing on forms approved by the Zoning Board of Adjustment and pay all fees before the Board will meet and make a determination.
4. If a variance is requested, it must be based on a referral from the Board of Selectmen or the Planning Board.
5. Please include the following along with your application:
  - a. A list of all abutters within 200 feet of the boundaries of the property on the supplied form. Accuracy of the list is your responsibility.
  - b. Include a copy of any order, notices of violations or other communications received from either the Board of Selectmen or the Planning Board that pertains to the property.
  - c. Plan(s) shall include:
    - 1.) Clearly indicate where the site is located (locus map) and what is proposed drawn to scale.
    - 2.) Show for the "lot of record" the boundary lines with footage on all sides.
    - 3.) A copy of the lot's deed.
    - 4.) Name of the road the lot fronts on.
    - 5.) Include all existing structures on the lot, clearly indicating their dimensions, distance from other structures and distance from abutting property line, drawn to scale.
    - 6.) For a proposed structure, include all of the above and a floor plan with dimensions, (length, width, and height)
  - d. At the hearing, the Zoning Board shall vote whether to accept the application as complete.
6. The applicant must cover costs as follows:
  - a. Mailing certified notices to each abutter and the property owner at \$7 each
  - b. Each notification to Applicant at \$7 each
  - c. Application fee of \$50 for residential and \$100 for commercial properties
  - d. A check for the correct amount made out to the **Town of Warner** must be provided at the time of filing.
  - e. Fees for publication of the Legal Notice will be invoiced and must be paid prior to starting the hearing

7. A completed application must be received at least 15 days prior to the next scheduled Zoning Board of Adjustment meeting. Public notice of the hearing will be posted and printed in a newspaper, and notice will be mailed to the applicant, all abutters, and to parties the Board may deem to have interest, at least five days prior to the date of the hearing. The applicant and all other parties will be invited to appear in person or by agent or counsel to state reasons why the appeal should or should not be granted.
8. All property owners must sign the application.
9. **Authorization from Owner(s)** must be signed to designate someone to speak on behalf of the property owner(s).
10. The applicant shall appear at the hearing. If an attorney represents the applicant and the attorney desires to present a written brief in the case, the brief may be delivered with the application.
11. After the public hearing, the Board will reach a decision. The decision could be postponed to a date specified however, to allow for the availability of additional information or to consult with Town Counsel. After the Board reaches a decision, a formal Notice of Decision will be mailed to the applicant and property owner(s), and a copy will be placed in the Boards files.
12. The applicant, Selectmen, or any party affected who believe the Board's decision is wrong, has a right to appeal. A motion for rehearing shall be in the form of a letter to the Zoning Board of Adjustment. The Board will not reopen a case based on the same set of facts unless it is convinced that injustice would be created by not doing so. Whether or not a rehearing is held, the same procedures will be followed as for the first hearing, including public notice to abutters. See RSA Chapter 677 for more details on rehearing and appeal procedures.



**Town of Warner Zoning Board of Adjustment**  
**P.O. Box 265**  
**Warner, New Hampshire 03278-0059**

**APPLICATION FOR EQUITABLE WAIVER**  
**OF DIMENSIONAL REQUIREMENTS**

Town of Warner Zoning Board of Adjustment  
 Telephone: (603) 456-2298, ext. 7

**Please note that this application is subject to NH RSA 91-A which affords the public access to this information.**

FEES: \*

Application Fee: Residential: \$50.00	Abutter Notification: ** \$7.00 per abutter
Commercial: \$100.00	Applicant Notification: \$7.00 per notification

\* 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.

**Name of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Mailing Address:** \_\_\_\_\_  
**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** **Primary** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Alternate** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Owner of Property:** \_\_\_\_\_

**Owner Mailing Address:** \_\_\_\_\_  
**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** **Primary** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Alternate** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Location & Description of Property:**

**Map #:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_ **Zoning District:** \_\_\_\_\_

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

The undersigned hereby requests an Equitable Waiver of Dimensional Requirements to the terms of Article: \_\_\_\_\_, Section: \_\_\_\_\_ of the Warner Zoning Ordinance.

**Details of Request:** *Please feel free to attach additional information on separate pages. Include Name of Applicant and date on each sheet. (Indicate number of sheets attached \_\_\_\_\_)*

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**ALL APPLICABLE PAGES MUST BE COMPLETED TO BE ACCEPTED**

**State in writing how the following pertain to the property. The Applicant must be prepared to present the conditions at the Public Hearing:**

*[Please feel free to include additional information on a separate sheet. Place applicant name and date on each sheet. Number of attached sheets\_\_\_\_\_]*

- 1. Does the request involve a dimensional requirement, not a use restriction? (circle) Yes/ No**
- 2. Explain how the violation has existed for 10 years or more with no enforcement action, including written notice, being commence by the town:**

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**or**

**Explain how the nonconformity was discovered after the structure was substantially complete or after a vacant lot in violation had been transferred to a bona fide purchaser:**

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**Explain how the violation was not an outcome of ignorance of the law or bad faith but resulted from a legitimate mistake:**

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- 3. Explain how the nonconformity does not constitute a nuisance nor diminish the value or interfere with future uses of other property in the area:**

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- 4. Explain how the cost of correction far outweighs any public benefit to be gained:**

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

**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): \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

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**

Date Received at Town 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

If the property abuts a street, the Board of Selectmen shall receive notice as an abutter. If the property abuts a State Highway, the State Department of Transportation as well as the Board of Selectmen shall be noticed as abutters. If a referral was received from the Planning Board, they shall be noticed as an abutter.

Map: \_\_\_\_\_ Lot: \_\_\_\_\_

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

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

\_\_\_\_\_

Map: \_\_\_\_\_ Lot: \_\_\_\_\_

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

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

\_\_\_\_\_

Map: \_\_\_\_\_ Lot: \_\_\_\_\_

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

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

\_\_\_\_\_

Map: \_\_\_\_\_ Lot: \_\_\_\_\_

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

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

\_\_\_\_\_

Map: \_\_\_\_\_ Lot: \_\_\_\_\_

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

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

\_\_\_\_\_

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

Map: \_\_\_\_\_ Lot: \_\_\_\_\_

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

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

\_\_\_\_\_

Map: \_\_\_\_\_ Lot: \_\_\_\_\_

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

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

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Map: \_\_\_\_\_ Lot: \_\_\_\_\_

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

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

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Map: \_\_\_\_\_ Lot: \_\_\_\_\_

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

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

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Map: \_\_\_\_\_ Lot: \_\_\_\_\_

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

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

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