

# Town of Loudon Planning and Zoning Board Office

PO Box 7837  
29 South Village Rd.  
Loudon, NH 03307

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Phone- 603-798-4540  
Fax- 603-798-4540  
Email- [loudonplanningoffice@tds.net](mailto:loudonplanningoffice@tds.net)

Dear Applicant,

Attached is an application for the Loudon Zoning Board of Adjustment. Your completed application must be received not later than fifteen days prior to the next scheduled Zoning Board of Adjustment meeting. Having the completed application returned to this office by the deadline would allow you to be placed on the agenda.

The Zoning Board meets on the fourth Thursday of each month at 7:00 pm at the Loudon Community Building at 29 South Village Road. All applications may take two hearings before your application will be granted or denied. Please note that the Zoning Board of Adjustment meets only once a month. All fees must be paid in full and accompanied by a completed application not later than fifteen days prior to the public hearing date.

If you have any questions, please feel free to contact the office at the above number. Office hours are Monday, Wednesday, and Thursday from 8:00 am – 4:00 pm and Tuesday from 8:00 a.m. - 7:00 p.m.

Sincerely,

Donna White  
Administrative Assistant

**TOWN OF LOUDON  
ZONING BOARD OF ADJUSTMENT  
APPLICATION FEES**

1. Any application accepted by the Loudon Zoning Board of Adjustment for a Public Hearing shall be accompanied by the following non-refundable fees:
  - A. VARIANCE: Sixty Dollars (\$60.00)
  - B. SPECIAL EXCEPTION: Sixty Dollars (\$60.00)
  - C. APPEAL OF AN ADMINISTRATIVE DECISION: Sixty Dollars (\$60.00)
  - D. MOTION FOR A REHEARING: Sixty Dollars (\$60.00)
  - E. PUBLIC HEARING: Sixty Dollars (\$60.00)
  - F. ABUTTERS FEES: Eight Dollars (\$8.00) for each abutter is required on all the above applications.
  
2. The Zoning Board of Adjustment reserves the right to request an applicant to prepare special studies pertaining to their application at the applicant's expense and/or the board may contract with consultants to review all or portions of the application at the applicant's expense.

LOUDON ZONING BOARD OF ADJUSTMENT  
LOUDON, NEW HAMPSHIRE

APPLICATION FOR A SPECIAL EXCEPTION

For ZBA use:

Received: \_\_\_\_\_

Fees Paid: \_\_\_\_\_

Accepted: \_\_\_\_\_

Case No.: \_\_\_\_\_

Owner Name and Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Map & Lot No.: \_\_\_\_\_

Location of Site: \_\_\_\_\_

Total Acreage: \_\_\_\_\_

Zoning District (RR, C/I, C/R, Village or AFP): \_\_\_\_\_

Is property in current use (tax purposes)? \_\_\_\_\_

A Special Exception is requested to allow: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This Special Exception is requested from Article \_\_\_\_\_ Section \_\_\_\_\_  
of the Loudon Zoning Ordinance.

Name & Address of All Abutting property owners: Use Separate Abutters List Sheet

Distance to abutting property lines from building:

Front \_\_\_\_\_ feet      Side \_\_\_\_\_ feet      Rear \_\_\_\_\_ feet

Applicant's Name and Address if different from owner:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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It is the responsibility of the applicant to supply the following information, as applicable, to allow the Zoning Board of Adjustment to make findings on each of the points below relative to a request for a Special Exception. (See Section 701.3) Attach additional pages as necessary.

1. Identify where the Special Exception is specifically authorized in Article II or Article III of the Loudon Zoning Ordinance: \_\_\_\_\_

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2. Describe how the Special Exception will avoid injurious or detrimental effects on the neighborhood: \_\_\_\_\_

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3. Review Articles II, III and V of the Zoning Ordinance and make note of any special conditions required of your proposed use of the property. Special conditions may include compliance with rules relating to subsurface waste disposal systems, steep slopes, setbacks, fuel storage, advertising signs, off-street parking and other requirements. Describe below or on attached sheets how each of the applicable special conditions required in the Zoning Ordinance will be met: \_\_\_\_\_

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4. Describe any additional demands on municipal services that will occur as a result of the Special Exception: \_\_\_\_\_

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Page 3 Application for Special Exception

5. Estimate the traffic volume to be generated as a result of the Special Exception, and any affects it will have on existing road or intersection capacity or condition:

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6. What impact will the granting of the Special Exception have on the natural environment, and how will potential adverse impacts be avoided? \_\_\_\_\_

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7. What impact will the granting of the Special Exception have on Loudon's groundwater resources, and how will potential adverse impacts be avoided? \_\_\_\_\_

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Plot Plan to Accompany Application. This application must be accompanied by a plot plan which is drawn to scale and is of sufficient detail to support the statements made in this application, and to illustrate compliance with the special conditions required in the ordinance. At a minimum, the plot plan must show the location and dimension of existing and proposed building footprints, setback distances to the property lines and road right of way; the location of well and septic systems; significant physical or topographic limitations to development of the lot; and parking and loading areas as applicable. Setback distances from roads must be based on the distance from the edge of the right of way, not the pavement edge. If you are uncertain of the road right of way location, contact the Town Road Agent for more information.

I/we consent to allow the Loudon Zoning Board of Adjustment or its designee to make onsite inspection(s) of my/our property as deemed necessary for the evaluation of my/our application.

\_\_\_\_\_  
Owner/Applicant Signature

\_\_\_\_\_  
Date

SPECIAL EXCEPTION FOR REDUCED SETBACK

Additional Information for Applications for Reduced Setback

Items 1-9 must also be addressed if you are seeking a Special Exception for a reduction in the normal setback requirements of the Zoning Ordinance. Please provide below or on separate sheets evidence that the requested reduction in setbacks:

1. Will not unreasonably diminish the light, air and space between properties because:

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2. Will not obstruct fire access or other emergency access because: \_\_\_\_\_

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3. Will not result in increased storm runoff or drainage onto adjacent parcels because: \_\_\_\_\_

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4. Will not adversely affect abutting property values because: \_\_\_\_\_

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5. Will not adversely affect the development capability of the lot because: \_\_\_\_\_

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6. Is consistent with the comparable applicable setbacks of developed adjacent properties because: \_\_\_\_\_

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7. Is consistent with other existing setbacks in the neighborhood because: \_\_\_\_\_

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8. Will not adversely affect traffic or pedestrian safety and/or visibility at intersections, driveways or other accesses to the street network because: \_\_\_\_\_

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9. (For setbacks for roads only) Adequately considers the prospects of future widening of the road and is consistent therewith because: \_\_\_\_\_

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**TOWN OF LOUDON, NEW HAMPSHIRE  
ABUTTERS FORM**

**Instructions:** Please indicate the name and mailing address of all abutters to the property which shall be reviewed by the Zoning Board. "Abutter" means any person whose property is located in New Hampshire and adjoins or is directly across the street or stream from the land under consideration by the local land use board. For purposes of receiving testimony only, and not for purposes of notification, the term "abutter" shall include any person who is able to demonstrate that his land will be directly affected by the proposal under consideration. For purposes of receipt of notification by a municipality of a local land use board hearing, in the case of an abutting property being under a condominium or other collective form of ownership, the term abutter means the officers of the collective or association, as defined in RSA 356-B:3, XXIII. **Please also include the names of all Attorneys, Engineers, Surveyors, Planners, or Architects whose stamp appears on the plat to be submitted to the Board for review and the owner of the property on the plat. PLEASE MAKE ADDITIONAL COPIES OF THIS FORM AS NECESSARY.**

Name: \_\_\_\_\_  
Map / Lot: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_

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