

Town of Loudon Planning and Zoning Board Office

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

Phone- 603-798-4540

Fax- 603-798-4540

Email- 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 p.m. 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 me at the above number. Office hours are Monday, Wednesday, and Thursday from 8:00 a.m. – 4:00 p.m. 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.

FOR ZBA USE:

Received: _____

Fees Pd: _____

Accepted: _____

Case #: _____

**ZONING BOARD OF ADJUSTMENT
Town of Loudon, New Hampshire**

VARIANCE APPLICATION

Name of Applicant: _____ **Tel #:** _____

Address of Property: _____

Owner of Property: _____ **Tel #:** _____

If same as above, write same

Address of Owner: _____

If same as above, write same

Location of Property: **Map#** _____ **Lot #** _____

Zoning District: _____

The undersigned hereby requests a variance from Article _____, Section _____, and asks that said terms of the Zoning Ordinance be waived to permit _____

_____.

The undersigned alleges that the following circumstances exist to support this variance request.

1. The variance will not be contrary to the public interest because:

_____.

2. The spirit of the ordinance is observed because:

_____.

3. Substantial justice is done because:

_____.

4. The values of surrounding properties will not be diminished because:

5. Literal enforcement of the provisions of the ordinance would result in an unnecessary hardship because: USE (A) OR (B).

The "Special Conditions" of this property that distinguish it from other properties in the area are as follows:

(A) Owing to the special conditions of the property, set forth above, that distinguishes it from other properties in the area:

(i) No fair and substantial relationship exists between the general public purposes of the ordinance and the specific application of that provision to the property because:

(ii) The proposed use is a reasonable one because:

-OR-

If the criteria in subparagraph (A) are NOT established, an unnecessary hardship will be deemed to exist, if and only if:

(B) Owing to the special conditions, set forth above, the property cannot be reasonably used in strict conformance with the ordinance, and a variance is therefore necessary to enable a reasonable use of it because:

I, _____, **Do/Do Not (please circle one) give the Loudon Zoning Board of Adjustment permission to do a site visit on my property for the purpose of this application.**

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 the 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 the 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 Loudon Road Agent for more information.

The undersigned acknowledge that to the best of their knowledge all of the above information is true and correct.

Signature of Applicant

Date

Signature of Property Owner

Date

**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: _____
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State/Zip: _____

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