

TOWN OF THORNTON ZONING BOARD OF ADJUSTMENTS

16 Merrill Access Road
Thornton, New Hampshire 03285

APPLICATION for a SPECIAL EXCEPTION

Please read carefully prior to filling out your application.

(For Office Use Only)

Date Rcv'd: _____ By: _____

FEES:

Application: \$ **250.00**

Public Notice: \$ **50.00**

Abutters: _____ x \$5.00/Abutter = \$ _____

+ Certified/Return Postage Fee/Abutter= \$ _____

Total Received: \$ _____ Cash Check # _____

If you need assistance, please contact the Zoning Board Assistant
Tuesday/Thursday from 8:00 a.m. – 2:00 p.m.
email: pbzbassitant@thorntonnh.gov.

- All information requested on this application must be filled in completely and legibly and submitted to the Zoning Board by the posted deadline with any additional documentation and all fees required.
- Abutters' names and addresses must be verified by the applicant or agent against the records of the town of Thornton.
- Public Notice of the hearing will be mailed to abutters and published in The Plymouth Record Enterprise no less than five (5) days prior to the scheduled hearing.
- Each application for a hearing, with all supporting documents, shall be available at the Thornton Town Hall.
- Each application for a hearing, with all supporting documents, shall be posted on the Zoning Board page of the Town of Thornton website, and shall remain on the site for 30 days following the posting of a notice of decision.

Name of Applicant: _____

Address: _____

Phone: _____

Email: _____

Property Owner: _____

If same as applicant, write "same"

Location of Property: _____

Street Address

Tax Map and Lot

Description of Proposed Use: _____

The proposed use is justified for a special exception as specified in the Thornton Zoning Ordinance
Article _____ Section _____.

Listing all the criteria from the Thornton Zoning Ordinance Article _____ Section _____, explain how the proposal meets the Special Exception criteria.

Criteria 1: _____

Criteria 2: _____

Criteria 3: _____

Criteria 4: _____

Certification and Agreement: To the best of my knowledge, all information submitted on this Application is true and correct. I acknowledge that I have read and understand all instructions contained on this Application.

Applicant/Agent Signature _____ **Date** _____

Applicant/Agent Signature _____ **Date** _____

Owner Signature _____ **Date** _____

Owner Signature _____ **Date** _____

SIGNATURE PAGE MUST BE ORIGINALLY SIGNED, OR APPLICATION WILL NOT BE PROCESSED.

CERTIFIED LIST OF ABUTTERS

RSA 672:3 "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. 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 manufactured housing park form of ownership as defined in RSA 205-A:1, II, the term "abutter" includes the manufactured housing park owner and the tenants who own manufactured housing which adjoins or is directly across the street or stream from the land under consideration by the local land use board.

The following information must be completed by the applicant in order to begin the application process. Abutters' names and mailing addresses must be verified against the records kept in the Thornton Assessor's Office. Attach additional copies of this form if necessary.

Map/Lot	Name of Property Owner / Professional	Mailing Address of Owner / Professional

Name of Person Preparing List _____ Date Prepared _____

Preparer's Signature _____ Date _____