

New Map# \_\_\_\_\_  
Map/Lot # \_\_\_\_\_

Office use only

Application #: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

**Application for Appeal  
Zoning Board of Adjustment (ZBA), Franklin, New Hampshire**

**APPEAL OF ADMINISTRATIVE DECISION**

This application is to be completed by anyone requesting an Appeal of Administrative Decision from the ZBA. Please complete the entire application; failure to do so will delay processing it.

~ 305-37. Any person or any municipal department aggrieved by a decision of the Planning and Zoning Administrator may appeal such decision to the Board of Adjustment.

- A. Within 30 days of the date of the decision of the Planning and Zoning Administrator, the appeal shall be entered at the office of the Planning and Zoning Administrator upon forms to be supplied and approved by the Board of Adjustment. The appellant shall set forth on said form the grounds of his or her appeal and shall refer to the specific provisions of this chapter involved. Following the receipt of any appeal, the Planning and Zoning Administrator shall notify forthwith the Chairperson of the Board of Adjustment. The Board of Adjustment shall schedule a public hearing on the appeal in accordance with the provisions of RSA 676:7. The appellant shall accompany this appeal with a fee in accordance with the current fee schedule in effect at the time the appeal is filed. **[Amended 9-14-1998 by Ord. No. 98-4]**
- B. An aggrieved party may appeal from the decision of the Board of Adjustment to the Superior Court as provided by the laws of the State of New Hampshire.

PRINT legibly and in INK. The application must be signed and dated. The owner must sign the application or a letter of authorization from the owner must be attached. ***You must be present at the meeting to speak for your application.***

1. Location of the property for which the appeal is being applied:

Street Address:	_____	
	<b>Owner</b>	<b>Applicant</b>

2. Name:	_____	_____
Address:	_____	_____
City/State/Zip:	_____	_____
Phone #:	_____	_____
Email:	_____	_____

3. Zoning Classification: \_\_\_\_\_

4. Decision of the Planning/Zoning Administrator for which the appeal is being applied:  
\_\_\_\_\_  
\_\_\_\_\_

5. The Section of the Ordinance in question:

Article No. \_\_\_\_\_ Section \_\_\_\_\_ Subsection: \_\_\_\_\_

**Your application is incomplete unless the following are submitted: Copies of all pertinent and supporting documentation, Abutter's List and all fees are paid.**

*Note: The Zoning Administrator and/or the Zoning Board may require more information if necessary.  
Note: The Zoning Board of Adjustment Members may conduct a site visit. At the time of their visit, you SHALL NOT make contact with them. A board member is not allowed to have a conversation with any applicant outside of a Meeting atmosphere.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

1. Date Application Submitted: \_\_\_\_\_
2. Fee Collected  Yes  No      Amount: \$ \_\_\_\_\_  
Form of Payment:  Cash  Check # \_\_\_\_\_
3. Date of Public Hearing: \_\_\_\_\_  
Date Notice Sent to Applicant Explaining Board Action: \_\_\_\_\_  
Zoning Board Decision:  Granted  Denied
4. Comments, if any: \_\_\_\_\_  
\_\_\_\_\_