



**Application For An Equitable Waiver
Of Dimensional Requirements**

Do Not Write In This Space-ZBA Office Use Only

Applicant:

Owner(s) of record: (indicate if same as applicant)

Mailing Address:

Mailing Address:

Telephone: _____

Telephone: _____

Property Location: Map _____ Lot(s) _____

No & Street _____

An Equitable Waiver of Dimensional Requirements is requested from Article _____ Section _____ of the zoning ordinance to permit: _____

1. Does the request involve a dimensional requirement, not a use restriction? () yes () no

2. Explain how the violation has existed for 10 years or more with no enforcement action, including written notice, being commenced by the town: _____

-or- Explain how the nonconformity was discovered after the structure was substantially completed: _____

Or after a vacant lot in violation had been transferred to a bona fide purchaser: _____

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

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: _____

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

Applicant Signature/Date

Owner(s) Signature/Date

