TOWN OF BOW

Zoning Board of Adjustment
10 Grandview Road, Bow, New Hampshire 03304
Phone (603) 228-1187 | Fax (603) 225-2982 | Website www.bow-nh.gov

BUILDING/FIRE CODE: APPLICATION FOR APPEAL of ORDER, DECISION or DETERMINATION by BUILDING OFFICIAL OR FIRE OFFICIAL (RSA 674:34)

Submit application, plans (11"x17" ONLY), supporting documents & abutters list
21 days before a regularly scheduled meeting of the ZBA
Application fee is $100.00 *plus* $10.00 per abutter (*per RSA 676:7*) & published notice $90.00

FOR OFFICE USE ONLY

Case #: _____ Date Received: _____ Received by: _____

Applicant: _____ Phone No. _____

Address: _____ E-mail address_____

Owner of Property: _____

Address and Description of Property: _____

Map # _____ Block # _____ Lot # _____ Zone District: _____ Overlay District: _____

An application for appeal under RSA 674:34 shall be based on a claim that the true intent of the applicable code or the rules adopted thereunder have been incorrectly interpreted, the provisions of the code do not fully apply, or an equally good or better form of construction is proposed. The board shall have no authority to waive requirements of the state building code or the state fire code.

GENERAL PROCESS:
* Application reviewed for completeness and received by Community Development staff. * Site Walk may be scheduled. *Abutters notified of request. *Applicant presents request to ZBA at a Public Hearing. * Notice of Decision issued.

ZBA meetings are usually held on the third (3rd) Tuesday of each month at 7:30 PM in the Town Municipal Building at the above address.

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The undersigned alleges that an error has been made in an order, decision or determination by the applicable official with respect to the State Building Code or State Fire Code as follows:

Code _____ Section _____ Decision dated: _____

EXPLANATION of OFFICIAL'S ORDER/ DECISION/DETERMINATION:

_____

_____

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_____

_____

APPELLANT'S/APPLICANT'S REQUEST:

_____

_____

_____

_____

_____

Add such additional pages as may be necessary to support your appeal.

_____   _____
Applicant's Signature   Owner's Signature

_____   _____
Print Name   Print Name

_____   _____
Date   Date