

**APPLICATION FOR AN EQUITABLE WAIVER OF
DIMENSIONAL REQUIREMENTS**
TOWN OF NEWPORT, NH

DO NOT WRITE IN THIS SPACE

Case No. _____

Date Filed _____

Payment _____

Name of Applicant _____

Address _____

Owner/Agent _____ Phone No. _____

(If agent, please attach letter thereof)

Email address: _____

Location of property _____

(street, number, sub-division, & lot number)

Map _____ Lot _____ Zoning District _____

NOTE: This application is not acceptable unless all required statements have been made.

Additional information may be supplied on a separate sheet if the space provided is inadequate.

**APPLICATION FOR AN EQUITABLE WAIVER OF DIMENSIONAL
REQUIREMENTS**

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 -

Application for An Equitable Waiver of Dimensional Requirements

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 _____ Date _____
(Signature)