

Tax Map \_\_\_\_\_ Lot# \_\_\_\_\_

Zoning District \_\_\_\_\_

Date Filed at TOPAZ \_\_\_\_\_

**TOPAZ USE ONLY**

Fee \_\_\_\_\_

Date Paid \_\_\_\_\_

Rec'd.By \_\_\_\_\_

**TOWN OF NEWPORT  
ZONING BOARD OF ADJUSTMENT**

**SPECIAL EXCEPTION**

**CASE NO.**

- A. Name of Appellant \_\_\_\_\_ Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ email: \_\_\_\_\_
- B. Name of Property Owner \_\_\_\_\_ Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ email: \_\_\_\_\_
- C. Property Address \_\_\_\_\_
- D. Name of Agent (if applicable) \_\_\_\_\_ Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ email: \_\_\_\_\_

**E. APPEAL FOR A SPECIAL EXCEPTION**

1. The appellant hereby requests a special exception as provided for in Article \_\_\_\_\_,  
Section \_\_\_\_\_ of the Zoning Ordinance and specifically the provision to permit \_\_\_\_\_  
\_\_\_\_\_.

2. The appellant contends that in accordance with Article III, Section 306 of the Zoning  
Ordinance each of the three standards listed on the reverse of this form shall be met as described  
in writing by the appellant beneath each of the standards.

3. In authorizing a special exception under Article \_\_\_\_\_, Section \_\_\_\_\_ of the Zoning  
Ordinance, the Zoning Board of Adjustment may attach such conditions and safeguards as it deems  
necessary to protect the neighborhood and community, including but not limited to a time limit when the  
special exception will expire if not utilized.

**SPECIAL EXCEPTION STANDARDS**

- A. The proposed use will not be detrimental to the overall character of the neighborhood by reason of undue variation from the nature of other uses in the vicinity including design, scale, noise and odor;

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- B. The proposed use will not be injurious, noxious or offensive or in any way detrimental to the neighborhood; and

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- C. The proposed use will not be contrary to the public health, safety and general welfare by reason of undue traffic congestion or hazards that pose a risk to life and property or be unsanitary or create unhealthful waste disposal or unhealthful conditions.

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\_\_\_\_\_  
Signature of Appellant

\_\_\_\_\_  
Date