Application to the Francestown Board of Adjustment Application for an Equitable Waiver of Dimensional Requirements

I. Name of Applicant		Case No
II. Address of Applicant		Date Filed
		Pymt
III. Owner (if not applicant)		Initials
	(if same as applicant, write "same")	(for official ZBA use only)
NOTE: If applicant is not	t the owner, please provide written authorizati	on signed by owner.
IV. Location of Property		
	(street, address)	(Map and Lot #)
••	Abutters and other Interested Parties - and two (2) complete sets of adhesive lab and additional information must be attached	
for application to be comp	lete.	
VI. APPLICATION FOR EQUITAB	BLE WAIVER OF DIMENSIONAL RE	QUIREMENTS (see instructions)
An Equitable Waiver of Dimensional	l Requirements is required from Article	Section of the
Francestown Zoning Ordinance to p	ermit:	
-		
1) Does the request involve a dimensi	sional requirement, not a use restriction	?
() yes () no	•	
	sted for 10 years or more with no enforc	ement action including written
		ement action, including written
notice, being commenced by th	ie town:	

continued on other side

	Applicant:	Date:
5) Explai	how the cost of correction far outweighs any public benefit to be gained:	
_	how the nonconformity does not constitute a nuisance, nor diminish the values of other property in the area:	ue, or interfere with
	w the violation was not an outcome of ignorance of the law or bad faith, but ate mistake:	resulted from a
2		1, 16