

**TOWN OF BARNSTEAD  
ZONING BOARD OF ADJUSTMENT  
P.O. BOX 11  
CENTER BARNSTEAD, NH 03225  
603-269-2299 X 4**

**APPLICATION FOR APPEAL**

**FOR OFFICIAL USE ONLY**

Administrative Decision  
 Special Exception  
 Variance  
 Equitable Waiver

Case Number \_\_\_\_\_  
Date Received \_\_\_\_\_  
Date of Hearing \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Other: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Location of property \_\_\_\_\_

Map \_\_\_\_\_ Lot \_\_\_\_\_ Zoning District \_\_\_\_\_

Existing use of Property: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Details of Request: (describe the project you are seeking approval for)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Applicant/Representative: \_\_\_\_\_

(if same as applicant, write "same")

Mailing Address: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Other: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**APPLICATION FOR APPEAL:**  
**CODE ADMINISTRATOR'S DECISION/INTERPRETATION**

The undersigned alleges that an error has been made in the interpretation and/or administration of the provisions of the Zoning Ordinance as follows: Article \_\_\_\_\_, Section \_\_\_\_\_  
Decision dated \_\_\_\_\_  
rendered by \_\_\_\_\_  
rendered to \_\_\_\_\_ (appellant).

**ADMINISTRATOR'S DECISION OR INTERPRETATION: BEING APPEALED (copy of decision being appealed must be attached to application):**

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**APPELLANT'S REQUESTED DECISION OR INTERPRETATION:**

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Signature: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_