

# INSTRUCTIONS TO APPLICANTS APPEALING TO THE NEW IPSWICH ZONING BOARD OF ADJUSTMENTS FROM AN ADMINISTRATIVE DECISION

IMPORTANT: READ CAREFULLY BEFORE FILLING OUT ATTACHED APPLICATION

The Zoning Board of Adjustment strongly recommends that before making any appeal, you become familiar with the zoning ordinance and also with the New Hampshire Statutes Title LXIV, RSA Chapters 672-678 covering planning and zoning.

**Appeal from an Administrative Decision:** If you have been denied a building permit or are affected by some other decision regarding the administration of the New Ipswich zoning ordinance, and you believe that the decision was made in error under the provisions of the ordinance, you may appeal the decision to the board of adjustment. The appeal will be granted if you can show that the decision was indeed made in error.

If you are appealing an administrative decision, a copy of the decision appealed from must be attached to your application.

For any appeal, the application form must be properly filled out. The application form is intended to be self-explanatory, but be sure that you show:

**WHO** owns the property. If the applicant is not the owner, this must be explained.

**WHERE** the property is located.

**DESCRIBE** the property. Give area, frontage, side and rear lines, slopes and natural features, etc.

**WHAT** do you propose to do? Attach sketches, plot plans, pictures, construction plans, or whatever may help explain the proposed use. Include copies of any prior applications concerning the property.

**WHY** does your proposed use require an appeal to the board of adjustment?

**WHY** should the appeal be granted?

Once the application has been completed, the applicant should submit an application with the Zoning Board of Adjustments' Clerk at the Town Offices. Prepare a list of all abutting property owners and attach it to your application. If you have any difficulty, consult the clerk of the board, but the accuracy of the list is your responsibility. Mail or deliver the completed application, with all attachments, to the clerk. A fee is charged sufficient to cover the cost of preparing and mailing the legally-required notices. Make check payable to Town of New Ipswich and remit with your application. Failure to pay the required fee will result in denial of your application.

## Fee Determination – as of August 2023

Board of Adjustment fee \$75.00

Newspaper advertisement \$75.00

Certified Mailings (\$ x # of abutters) **TBD**

Decision letters (\$ x # of abutters) **TBD**

Additional expenses **TBD**

Total payable to the Town of New Ipswich **TBD**

The Board will promptly schedule a public hearing upon receipt of your properly completed application. Public notice of the hearing will be posted and printed in the Monadnock Ledger and shall be posted at the New Ipswich Post Office and Town Office no less than five days before the date fixed for the hearing. Notice will be mailed to you and all abutters, and to other parties whom the board may deem to have an interest, at least five days before the date of the hearing. You and all other parties will be invited to appear in person or by agent or counsel to state reasons why the appeal should or should not be granted.

After the public hearing, the board will reach a decision. You will be sent a notice of decision.

If you believe the board's decision is wrong, you have the right to appeal. The selectmen, or any party affected, have similar rights to appeal the decision in your case. To appeal, you must first ask the board for a rehearing. The Motion for Rehearing form can be found on the Town's website. The motion must be made within 30 days of the decision and must set forth the grounds on which it is claimed the decision is unlawful or unreasonable.

The board may grant such a rehearing if, in its opinion, good reason is stated in the motion. The board will not reopen a case based on the same set of facts unless it is convinced that an injustice would be created by not doing so. Whether or not a rehearing is held, you must have requested one before you can appeal to the courts. When a rehearing is held, the same procedure is followed as for the first hearing, including public notice and notice to abutters.

See RSA Chapter 677 for more detail on rehearing and appeal procedures.

## APPEAL FROM AN ADMINISTRATIVE DECISION

To: Zoning Board of Adjustment,  
Town of New Ipswich

**Do not write in this space.**

Case No. \_\_\_\_\_

Date Filed \_\_\_\_\_

\_\_\_\_\_  
(signed – ZBA)

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Owner \_\_\_\_\_  
(if same as applicant, write “same”)

Location of Property: \_\_\_\_\_  
(street, number, sub-division and lot number)

Do you own the property? Yes \_\_\_\_ No \_\_\_\_ If you are not the owner of the property, provide duly notarized documentary evidence that you are the owner’s authorized agent.

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

The following information is required for acceptance of your application unless specifically waived by the Board:

1. Copy of tax map showing your property in relation to town/state roads and abutters.
2. List of all abutting property owners and other interested parties including addresses. The Assessors’ Office will assist you with the list but the accuracy of the list is your responsibility.
3. A drawing prepared by a licensed land surveyor or registered professional engineer in the State of New Hampshire

### Receiving Deadline:

1. The closing date by which completed an appeal from an administrative decision application must be submitted to the Land Use Office is 14 calendar days prior to the meeting at which the application is to be addressed.
2. Additional information being submitted in regards to an application already accepted by the board must be received at least 7 calendar days prior to the scheduled date of meeting.

### **Appeal from an Administrative Decision**

Relating to the interpretation and enforcement of the provisions of the zoning ordinance.

Decision of the enforcement officer to be reviewed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ number \_\_\_\_\_ date \_\_\_\_\_

article \_\_\_\_\_ section \_\_\_\_\_ of the zoning ordinance in question: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

I certify that all information provided in this application is true and correct to the best of my knowledge.

Applicant \_\_\_\_\_ Date \_\_\_\_\_