

# TOWN OF NEWBURY

## Application for Variance/Reversal of Administrative Decision

Date:

### TO THE ZONING BOARD OF APPEALS:

The undersigned hereby petitions the Zoning Board of Appeals to grant the zoning relief as set forth in question 4, below:

1. **Name, address and phone number of petitioner:**

2. (a) **Name and address of land owner:**

(b) **Number of years you have owned the land:**

3. **Location of the property:**

Assessors Map \_\_\_\_\_ Parcel No. \_\_\_\_\_

4. **Application is for:**

Variance \_\_\_\_\_ Reversal of Administrative  
Decision \_\_\_\_\_

5. **Zoning District in which premises are located:**

6. **Describe request and list specific provisions of the Zoning Bylaw under which relief is sought:**

7. **State size of existing lot:**

Dimensions: \_\_\_\_\_ sq/ft. \_\_\_\_\_

8. **State number, type and size of existing and proposed buildings on lot:**

Existing:

Proposed:

9. If dimensional variance is requested, state dimensional requirements, as well as proposed dimensions:

<u>Lot Area</u>	<u>Front Setback</u>	<u>Side Setback</u>	<u>Rear Setback</u>	<u>Other</u>
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Required:

Proposed:

10. If “substantial hardship” is claimed, please state specific grounds:

Signature of Applicant:

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Signature of Owner:

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