





**TOWN OF SPRINGFIELD**  
759 MAIN STREET, PO BOX 22  
SPRINGFIELD, NEW HAMPSHIRE 03284-0022  
PHONE (603)763-4805 FAX (603)763-3336  
[www.springfieldnh.net](http://www.springfieldnh.net)

**APPLICATION FOR AN EQUITABLE WAIVER  
OF DIMENSIONAL REQUIREMENTS**

**Facts supporting this request:**

1. Does the request involve a dimensional requirement, not a use restriction? YES \_\_\_\_\_ NO \_\_\_\_\_

2-a. Explain how the violation has existed for ten (10) years or more with no enforcement action, including written notice, being commenced by the town:

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2-b. Explain how the non-conformity was discovered after the structure was substantially completed or after a vacant lot in question had been transferred to a bona fide purchaser:

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And how the violation was not an outcome of ignorance of the law or bad faith but resulted from a legitimate mistake:

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3. Explain how the non-conformity does not constitute a nuisance nor diminish the value or interfere with future uses of other property in the area:

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4. Explain how the cost of correction far outweighs any public benefit to be gained:

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You agree that:

1. The undersigned hereby grants permission for members of the Zoning Board of Adjustment and its agents to enter the property for purposes of reviewing the information provided in this application.
2. The undersigned hereby grants permission for the public to enter the property for purposes of attending any site visit as scheduled by the Zoning Board of Adjustment.
3. This application has been completed in accordance with the Zoning Ordinance of the Town of Springfield and the Zoning Board of Adjustment's Rules of Procedure.

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

Property Owner (if different) \_\_\_\_\_ Date \_\_\_\_\_

Agent Authorization:

If, as property owner, you wish to designate an agent to act on your behalf, please read the following and sign below:

I hereby designate \_\_\_\_\_ as my agent for the purpose of procuring the requested Equitable Waiver of Dimensional Requirements as described above. Representations made by my agent may be accepted as though made by me personally, and I understand that I am bound by an official decision made on the basis of such representations.

Property Owner \_\_\_\_\_ Date \_\_\_\_\_



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## APPLICATION FOR AN EQUITABLE WAIVER OF DIMENSIONAL REQUIREMENTS

### Applicant's Zoning Board of Adjustment Checklist

These materials are due at least 15 days before the ZBA's scheduled meeting. The ZBA meets on the first Tuesday of the month. Therefore, materials should be handed in before 4PM on Monday, two weeks before the meeting.

- Denied Building Permit, if applicable (1 copy)
- Completed Application (1 copy)
- Abutter List (1 copy)
- A Copy of the Tax Map with Abutter Names on the Lots
- Abutter Mailing Labels (3 sets)
- Application Fee (\$100 plus \$6 per abutter, payable to the Town of Springfield)
- A Plan of the Property - a scale drawing with all the necessary measurements and land features (8 copies) [Please refer to page 3 of the Instructions to the Applicant. ]

REFERENCE MATERIALS: (available at [www.springfieldnh.net](http://www.springfieldnh.net) and the Town Office)

- Applications
- Zoning Ordinance
- Instructions to the Applicant
- ZBA Rules of Procedure