



**TOWN OF OSS�PEE  
ZONING BOARD OF ADJUSTMENT  
REQUEST FOR SPECIAL EXCEPTION**

Dear Applicant:

You are seeking to apply for a **Special Exception** to the Town of Ossipee Zoning Ordinance. When this application is completed and submitted with the necessary information and fees, the secretary of the Zoning Board of Adjustment will schedule a public hearing. You or your authorized representative shall present the information that you feel supports your appeal.

The Board **strongly recommends** that you become familiar with the Ossipee Zoning Ordinance.

A majority of the Board must be convinced that **all eight** criteria required for a Special Exception are met. It is your burden as the applicant to present evidence to meet the requirements of all eight criteria.

Please find attached the following forms to assist you or your authorized representative to prepare for your presentation and hearing with the Zoning Board of Adjustment:

- APPLICATION REQUIREMENT CHECKLIST AND PLAN REQUIREMENT CHECKLIST

This information is provided to you so that your presentation to the Board will be complete and the hearing will proceed smoothly. Upon completion of this information, please provide a copy to the Board of Adjustment's secretary to review and schedule a hearing date.

- REQUEST FOR SPECIAL EXCEPTION APPLICATION

To be completed by the Applicant.

If you have questions regarding this process, you are invited to call the board secretary at (603) 651-1154 or e-mail to [zba@ossipee.org](mailto:zba@ossipee.org)

**NOTE:** All forms **must** be completely filled out and signed by the owner/applicant and his or her agent before they will be accepted by the Zoning Board of Adjustment. Completed forms must be returned to the Town Hall, Office of the Selectmen, and attention to the Zoning Board of Adjustment no later than 21 calendar days prior to the Board's scheduled meeting. **Failure to provide complete information on persons entitled to notice will result in this application being returned for the necessary information and will delay the scheduling of a hearing.** The applicant or his/her agent is requested to attend the public hearing on the above request. If you have any questions, please contact the board secretary at (603) 651-1154 or at [zba@ossipee.org](mailto:zba@ossipee.org).

## **APPLICATION REQUIREMENT CHECKLIST:**

To complete this application, I understand that the following material and information is required and is attached:

- ☐ Building Permit Denial letter from the Ossipee Zoning Enforcement Officer.
- ☐ Application completed in full with signature.
- ☐ A letter of authorization from the owner of the property, if the applicant is different and/or will not attend the meeting.
- ☐ A complete list of each abutter and entity (name and mailing address) entitled to notice.
  - This includes every:
    - ☐ Abutter (as defined by RSA 672:3 – see definition below) to include the tax map number
    - ☐ Owner
    - ☐ Applicant
    - ☐ Agent (if applicable)
    - ☐ Holder of a conservation, preservation or agricultural preservation restrictions (if applicable)
    - ☐ Person and entity whose property or portion thereof is located within a 200 foot radius of the boundaries of the land under consideration (if applicable)
    - ☐ For each person and entity on abutter lists is entitled to notice, you must provide one unsealed envelope with Ossipee Zoning Board return mailing address on the upper left hand corner of the envelope. Include 3 sets of 1" x 2-1/2" labels with the name and address of each person or entity on abutters list entitled to receive notice. Include properly prepared certified mail forms and return receipt cards for each recipient (see example – do not affix these to the envelopes). Place postage on each envelope **to include:** first class letter fee, certified mail receipt fee, and return receipt fee.
    - ☐ A scale drawing or plot plan (minimum size 11" x 17") of the property will be required (see accompanying "Plan Requirement Checklist").
    - ☐ Denial letter from the Ossipee Zoning Enforcement Officer.
    - ☐ A check payable to "**Town of Ossipee**" to include the application fee, newspaper ads for Notice of Public Hearing and Notice of Decision. Plus Current First Class Postage plus \$1.00 along with Certified Mail Fee and Return Receipt Fee (for each abutter, owner, applicant, agent)
- ☐ Copy of Tax Map and Tax Card
- ☐ Documentation of Septic Approval
- ☐ Floor Plan, if applicable
- ☐ Is land in Current Use?
- ☐ Do you need an Intent to Excavate? (Moving greater than (>)1000 yds. of earth)
- ☐ Photos are helpful

## **PLAN REQUIREMENT CHECKLIST:**

A plot plan or scale drawing will be required as part of your presentation to the Zoning Board of Adjustment. Since a similar plan is usually necessary for a building permit application and/or for Planning Board Site Plan Review, the plan can serve both purposes.

A plot plan or scale drawing (minimum size 11" x 17") for the purposes of a zoning application should contain the following features, as appropriate:

- ☐ Be up to date and dated.
- ☐ Drawn to scale, no larger than (*1 inch > 100 feet*) with drawing number and north arrow.
- ☐ Signature and name of the plan preparer.
- ☐ The lot dimensions and bearings and any bounding streets and their right-of-way widths or half sections.
- ☐ Location and dimensions of existing or required service areas, buffer zones, landscaped areas, recreation areas, safety zones, signs, rights-of-way, streams, drainage, easements, and any other requirements.
- ☐ All existing buildings or other structures with their dimensions and encroachments.
- ☐ Show names and lot numbers of abutters
- ☐ All proposed buildings, structures or additions with dimensions and encroachments indicating, "Proposed" on the plan.
- ☐ All proposed new construction must include a sketch to include elevations, floor plan with dimensions on proposed plan.
- ☐ "Zoning envelope" made from setbacks required by zoning ordinance. Indicate zone classification, all setback dimensions. Indicate any zone change lines.
- ☐ Elevations curb heights and contours.
- ☐ Location and numbering of parking spaces and lanes with their dimensions. Indicate how required parking spaces are computed.
- ☐ Dimensions and directions of traffic lanes and exits and entrances.
- ☐ Any required loading, unloading, trash, and snow storage areas.

**672.3. Abutter – "Abutter" means any person whose property is located in New Hampshire and adjoins or is directly across the street or stream from the land under consideration by the local land use board. For purposes of receiving testimony only, and not for purposes of notification, the term "abutter" shall include any person who is able to demonstrate that this land will be directly affected by the proposal under consideration. For purposes of receipt of notification by a municipality of a local land use board hearing, in the case of an abutting property being under a condominium or other collective form of ownership, the term abutter means the officers of the collective or association, as defined in RSA 356-B:3, XXIII. For purposes of receipt of notification by a municipality of a local land use board hearing, in the case of an abutting property being under a manufactured housing park form of ownership as defined in RSA 205-A: 1, II, the term "abutter" includes the manufactured housing park owner and the tenants who own manufactured housing which adjoins or is directly across the street or stream from the land under consideration by the local land use board.**

## REQUEST FOR SPECIAL EXCEPTION APPLICATION

(To be prepared by Applicant)

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

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

TO: Zoning Board of Adjustment  
Town of Ossipee  
P.O. Box 67  
Center Ossipee, New Hampshire 03814

1. Having been denied a permit by the Ossipee Building Official for the reason specified in the Ossipee Building Official's denial letter (copy attached). I hereby appeal the decision and request the Board of Adjustment to schedule a public hearing to consider this appeal.

2. I realize providing complete information requested below is the responsibility of the undersigned applicant. The Board must be provided the complete information before a public hearing can be scheduled. I understand that it is my responsibility to present this appeal to the Board.

a. Type of Appeal: **Special Exception**

b. Basis for Appeal is Article\_\_\_\_\_, Section\_\_\_\_\_ of the Ossipee Zoning Ordinance.

c. Location of property in question: \_\_\_\_\_  
\_\_\_\_\_

d. Tax Map number: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Sub Lot: \_\_\_\_\_

e. Zoning District: \_\_\_\_\_

f. Name of Applicant: \_\_\_\_\_

g. Mailing Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

h. Phone Number of Applicant: \_\_\_\_\_

i. E-mail Address of Applicant: \_\_\_\_\_

j. Name of Company (if applicable): \_\_\_\_\_

k. Legal Owner of the Property: \_\_\_\_\_

l. Mailing Address of Legal Owner: \_\_\_\_\_  
\_\_\_\_\_

m. Proposed use of property or modification of existing use: \_\_\_\_\_

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n. Directions to the property from the Ossipee Town Hall: \_\_\_\_\_

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o. Are there any current zoning violations on the property other than those that may be listed on this Application? (If yes, please fully describe below).

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I understand that I must appear in person at the public hearing scheduled by the Board of Adjustment to present this request for special exception. If I cannot appear in person, I will notify the Board in writing of the name of the individual I designate to represent me at the hearing. I also understand that it is my sole responsibility, as the applicant, to provide all of the information required to the secretary of the Board of Adjustment before a hearing can be scheduled.

\_\_\_\_\_  
Applicant (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant (Signature)

\_\_\_\_\_  
Date

The undersigned hereby requests a Special Exception in accordance with Article \_\_\_\_\_  
Section \_\_\_\_\_ of the Ossipee Zoning Ordinance in order to allow the following:

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The undersigned alleges that the following circumstances exist to support this special exception request.

**Note:** Use the area in the boxes following each criteria to write or type your response. Attach additional pages if necessary. (For further reference, see Sections 26.1 and 26.2 of the Ossipee Zoning Ordinance).

**1. The use is permitted by Special Exception under Table 1 (Article 34 of the Ossipee Zoning Ordinance) or elsewhere in the Ordinance (for example, see Article 6.2).**

Explain:

**2. The use is so designed, located and proposed to be operated that the public health, safety, welfare, and convenience will be protected.**

Explain:

**3. The specific site is appropriate for the proposed use or structure.**

Explain:

**4. No factual evidence is found that the property values in the district will be reduced, due to incompatible land use, by such use.**

Explain:

**5. Adequate and appropriate facilities and parking will be provided for the proper operation of the proposed use or structure, as required by the Ordinance.**

Explain:

**6. There will be no undue nuisance or serious hazard to pedestrian or vehicular traffic.**

Explain:

**7. The proposed use shall not violate the provisions of Article IV and V of the Ordinance.**

Explain:

**8. There is no valid objection from the abutters based on demonstrable fact.**

Explain:

**Note:** The applicant for a Special Exception shall, as a condition of the Special Exception, obtain Planning Board approval of the site plan, if required by site plan review regulations.

The undersigned acknowledge that to the best of their knowledge all the above information is true and correct. I understand that I must appear in person at the public hearing scheduled by the Board of Adjustment to present this appeal. If I cannot appear in person, I will notify the Board in writing of the name of the individual I designate to represent me at the hearing. I also understand that it is my sole responsibility, as the applicant, to provide the information required to the Secretary of the Board of Adjustment before a hearing can be scheduled.




Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)



**Abutter Notification  
Certified/Return Receipt Mail Procedure**

1. Provide a #10 business size envelope, addressed to each recipient, return addressed to: Town of Ossipee; Planning Board or Zoning Board (whichever applies); PO Box 67; Ctr. Ossipee, NH 03814.
2. Fill out the "Receipt for Certified Mail" (please see sample provided)
3. Fill out the "Return Receipt Post Card" (please see sample provided)
4. Affix postage on each envelope to cover: first class mail for letter, certified mail receipt fee, and return receipt fee.
5. Do not stuff or seal envelopes. Place "Receipt for Certified Mail" and "Return Receipt Post Card" under envelope flap and submit with your application package.

UNITED STATES POSTAL SERVICE  <div style="border: 1px solid black; padding: 5px; display: inline-block;">                     First-Class Mail                      Postage &amp; Fees Paid                      USPS                      Permit No. G-10                 </div>		PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE <b>CERTIFIED MAIL™</b>  7012 2210 0002 4346 0718 7012 2210 0002 4346 0718	
• Sender: Please print your name, address, and ZIP+4® in this box* <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;">                     Town of Ossipee                      Zoning Board or Planning Board                      PO Box 67                      Ctr. Ossipee, NH 03814                 </div>		<div style="border: 1px solid black; padding: 5px;"> <b>U.S. Postal Service™</b>  <b>CERTIFIED MAIL™ RECEIPT</b>  <i>(Domestic Mail Only; No Insurance Coverage Provided)</i> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>OFFICIAL USE</b>                      For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> </div>	
<b>SENDER: COMPLETE THIS SECTION</b> <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <div style="border: 1px solid black; padding: 5px; width: 100px; margin-left: 20px;"> <b>X</b> </div> B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span> <div style="border: 1px solid black; height: 40px; margin-left: 20px;"></div> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="border: 1px solid black; height: 40px; margin-left: 20px;"></div>		
1. Article Addressed to: <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;">                     Recipients Name                      Mailing Address                      City, State, Zip Code                 </div>	3. Service Type <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)                         </div> <div> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery                         </div> </div>		
 9590 9403 0592 5183 3412 02 2. Article Number (Transfer from service label) 7012 2210 0002 4346 0718	Total Postage & Fees \$ Certified Fee \$ Return Receipt Fee (Endorsement Required) \$ Restricted Delivery Fee (Endorsement Required) \$ Postmark Here		
PS Form 3811, April 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span>			