



Application #: \_\_\_\_\_  
Fees Paid: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Receipt #: \_\_\_\_\_

### ZONING BOARD OF ADJUSTMENT ADMINISTRATIVE APPEAL

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

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

Owner (If same as applicant, write "same"): \_\_\_\_\_

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

Tax Map/ Lot # (s): \_\_\_\_\_ Zoning District (s): \_\_\_\_\_

Street Address: \_\_\_\_\_

#### OWNER AUTHORIZATIONS & STATEMENTS OF ASSURANCE:

I hereby make application to the City of Laconia for the above-referenced property (ies) and the development as described. To the best of my knowledge the information provided herein is accurate and is in accordance with the Zoning Ordinance and land use regulations of the City, except where waivers are requested. The City of Laconia Zoning Board and/or city employees are authorized to enter the property (ies) for purposes of reviewing this proposal and for inspecting improvements as a result of an approval of this proposal. I understand that I am responsible for appearing, or having someone appear on my behalf, at any and all meetings before the Zoning Board.

Sign as appropriate (If agent or non-person please attach certification)

NOTE: Please attach an Applicant Contact Worksheet

PROPERTY OWNER(S)

\_\_\_\_\_  
Printed Name Here

\_\_\_\_\_  
Signature of Property Owner(s)

\_\_\_\_\_  
Date

AGENT(S)

\_\_\_\_\_  
Printed Name Here

\_\_\_\_\_  
Signature of Agent(s)

\_\_\_\_\_  
Date

NOTE: This application is not acceptable unless all required statements have been made. Additional information may be supplied on a separate sheet if the space provided is inadequate.

#### DUE AT SUBMISSION:

**1 COPY OF ENTIRE ZONING BOARD APPLICATION WITH ANY REQUIRED ATTACHMENTS**

1. Name and Title of Administrative Official or Board whose decision you are appealing:

## ANSWER

2. Description of decision being appealed:

3. Date of decision being appealed: \_\_\_\_\_

4. Explain how, in your opinion, the administrative decision was done in error: