



**BOARD of ADJUSTMENT**  
**Town of Hollis**

Seven Monument Square  
Hollis, New Hampshire 03049  
Tel. 465-2209 FAX 465-3701

Date Submitted \_\_\_\_\_

ZBA Case # \_\_\_\_\_

Hearing Date \_\_\_\_\_

**APPLICATION FOR AN EQUITABLE WAIVER**

Property Location \_\_\_\_\_

Map \_\_\_\_\_ Lot \_\_\_\_\_ Acres \_\_\_\_\_ Zone \_\_\_\_\_

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

Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

Name of Owner \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

**Required Information:** Application shall include: scale drawing showing; plot plan, boundaries, dimensions, abutters, adjacent roads, and rights of way, location of buildings, well, septic system, photos (when applicable) and floor plans (when applicable).

**Please list all abutters (use additional sheet if needed)**

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

## **Application for Equitable Waiver**

The undersigned hereby requests an Equitable Waiver of Dimensional Requirements regarding  
Section(s) \_\_\_\_\_

Paragraph(s) \_\_\_\_\_

of the Zoning Ordinance of the Town of Hollis as set forth in RSA 674:33-a, I & II.

1. Does the request involve a dimensional requirement, not a use restriction?    Yes ☐    No ☐
  
2. Explain how the violation has existed for 10 years or more with no enforcement action, including written notice, being commenced by the town;

- OR -

Explain how the nonconformity was discovered after the structure was substantially completed or after a vacant lot in violation had been transferred to a bona fide purchaser;

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

3. Explain how the nonconformity does not constitute a nuisance nor diminish the value or interfere with future uses of other property in the area;

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

**Description of proposed use:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner of Property)

*The Hollis Zoning Board of Adjustment may conduct an on-site inspection of the property under consideration.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner of Property)