



**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 A SPECIAL EXCEPTION**

**Special Exceptions authorized under paragraph RSA 674:33 paragraph IV shall be valid if exercised within 2 years from the date of final approval, or as further extended by local ordinance or by the zoning board of adjustment for good cause.**

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

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

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

Address \_\_\_\_\_  
\_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_

**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 a Special Exception**

The undersigned hereby requests a special exception as provided in Section(s), \_\_\_\_\_ Paragraph(s) \_\_\_\_\_ of the Zoning Ordinance of the Town of Hollis and sets forth the following evidence and facts in support of this application.

To Permit (briefly describe request)

Please describe how the proposed use meets the Special Exception criteria from ordinance – use additional page if necessary.

**Criteria 1 – The use shall not be detrimental to the character, environment, scenic value, health, safety or general welfare of the Town:** (explain why)

**Criteria 2 – The use shall not materially affect traffic or physical conditions of the Towns roads:** (explain why)

**Description of proposed use:** (in detail)

(If applicable) answer the following questions:

- a. Number of Employees \_\_\_\_\_
- b. Hours and Days of Operation \_\_\_\_\_
- c. Number of daily/weekly visits to the premises by customers, vendors \_\_\_\_\_
- d. Number of daily/weekly commercial deliveries to the premises \_\_\_\_\_
- e. Will a sign be installed Yes  No  if yes, dimensions? \_\_\_\_\_ (include drawing)

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)