



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 _____ 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 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)