



PO BOX 315, INTERVALE, NH 03812 TEL 603.383.7180

**Special Exception Application**

Zoning Board of Adjustment  
Lower Bartlett Water Precinct  
P.O. Box 315  
Intervale, NH 03845

<p>Do not write in this space.</p> <p>Case No. _____</p> <p>Date Filed _____</p> <p>_____</p> <p style="text-align: center;">(signed - ZBA)</p>
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Location of Property: \_\_\_\_\_ Map, Lot, Sub: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Application for a Special Exception**

Description of proposed use showing justification for a special exception as specified in the Zoning Ordinance, Article \_\_\_\_\_, Section \_\_\_\_\_.

Explain how the proposal meets the Special Exception criteria as specified in Article \_\_\_\_\_, Section \_\_\_\_\_ of the Zoning Ordinance (list all criteria from the ordinance).

Criteria #1 - \_\_\_\_\_  
\_\_\_\_\_

Criteria #2 - \_\_\_\_\_  
\_\_\_\_\_

Criteria #3 - \_\_\_\_\_  
\_\_\_\_\_

Criteria #4 - \_\_\_\_\_  
\_\_\_\_\_

Criteria #5 - \_\_\_\_\_  
\_\_\_\_\_



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Criteria #6 - \_\_\_\_\_

Criteria #7 - \_\_\_\_\_

Criteria #8 - \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Application:**

\_\_\_\_\_ Granted

\_\_\_\_\_ Granted subject to the following condition(s)

\_\_\_\_\_ Denied for the following reason(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lower Bartlett Water Precinct, Zoning Board of Adjustment