## APPLICATION FOR AN EQUITABLE WAIVER OF DIMENSIONAL REQUIREMENTS

	Do not write in this space.	
	Case No.	
	Date Filed	
To: Zoning Board of Adjustment,		
City/Town of Brookfield NH		
Name of Applicant		
Address		
Owner		
(if same as applicant, write		
Location of Property		
Location of Property (street, number, sub-division an	id lot number)	
NOTE: This application is not acceptable unless all require Additional information may be supplied on a separate sheet  Application for an Equitable Waiver of Di	t if the space provided is inadequate.	
An Equitable Waiver of Dimensional Requirements is reque	ested from article	
section of the Brookfield zoning ordinance to	permit	
Does the request involve a dimensional requirement, no     ( ) yes	ot a use restriction?	
2. Explain how the violation has existed for 10 years or me including written notice, being commenced by the town		
- or -  Explain how the nonconformity was discovered after the or after a vacant lot in violation had been transferred to	, .	

## DRAFT 12-5-2020

	and -	
	How the violation was not an outcome of ignorance of the law or bad faith but resulted from good faith error in measurement or calculation.	a
3.	Explain how the nonconformity does not constitute a nuisance nor diminish the value or nterfere with future uses of other property in the area.	
4.	Explain how the cost of correction far outweighs any public benefit to be gained.	
Ap	licant Date	
	(Signature)	