APPLICATION FOR A SPECIAL EXCEPTION

To: Board of Adjustment, Town of Gilsum, NH 03448

Do not write in this space: Case No:
Date filed:

Name of applicant
Address
Owner
(if same as applicant, write Asame@)
Location of property
(street, number, sub-division & lot number)
NOTE: This application is not acceptable unless all required statements have been made. Additional information may be supplied on a separate sheet 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 ordinance]
Criteria 1 -
Criteria 2 -
Criteria 3 -
ApplicantDate
(Signature)