

Zoning Board of Adjustment Appeal of Administrative Decision

If you have questions on how to complete this form, please call: (603) 352-5440 or
email: communitydevelopment@keenenh.gov



For Office Use Only:

Case No. _____
Date Filled _____
Rec'd By _____
Page _____ of _____
Rev'd by _____

APPEAL OF ZONING ADMINISTRATIVE DECISION

Article 26.2.A: In accordance with NH RSA 676:5, appeals to written decisions of the Zoning Administrator shall be made to the Zoning Board of Adjustment, provided the notice of appeal is filed with the Community Development Department within 30 calendar days after the date of the Zoning Administrator's decision.

Article 26.2.A.1: The notice of appeal shall specify all grounds on which the appeal is based, and why the request of appeal should be granted.

Article 26.2.B: Any person aggrieved by the decision of the Zoning Board of Adjustment shall petition for a rehearing, in accordance with NH RSA 677:-14, before appealing the decision to the Superior Court.

APPLICATION REQUIREMENTS

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with **"ZBA APPLICATION"** in the subject line
- **Mail / Hand Deliver:** Community Development (4th Floor), Keene City Hall, 3 Washington St, Keene, NH 03431

The submittal requirements for an Appeal of an Administrative Decision are outlined further in **ArWicle 26.2** of the [Land Development Code](#).

WRITTEN NARRATIVE:

This notice of appeal shall specify all grounds on which the appeal is based, and why the request of appeal should be granted.

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SECTION 1: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this appeal is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER / APPLICANT

NAME/COMPANY:

MAILING ADDRESS:

PHONE:

EMAIL:

SIGNATURE:

PRINTED NAME:

APPLICANT (if different than Owner/Applicant)

NAME/COMPANY:

MAILING ADDRESS:

PHONE:

EMAIL:

SIGNATURE:

PRINTED NAME:

AUTHORIZED AGENT (if different than Owner/Applicant)

NAME/COMPANY:

MAILING ADDRESS:

PHONE:

EMAIL:

SIGNATURE:

PRINTED NAME:

SECTION 1: ZONING REFERENCE

Section (s) of the Zoning Regulations in question:

**Decision of the Zoning Administrator to be reviewed:
(Attach addition sheets if needed)**

Basis for error in the Zoning Administrator's decision:

Statement from the Zoning Administrator: