APPLICATION FOR AN EQUITABLE WAIVER OF DIMENSIONAL REQUIREMENTS

To: Board of Adjustment, Town of Salisbury	Do not write in this space: Case No: Date filed: (signed – ZBA)
Name of applicantAddress	
Owner	
Location of property	
(street, number, tax map & 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 AN EQUITABLE WAIVER OF DIMENSIONAL REAL An Equitable Waiver of Dimensional Requirements is requested from article to permit	section of the zoning ordinance
1. Does the request involve a dimensional requirement, not a use restriction () yes () no	n?
2. Explain how the violation has existed for 10 years or more with no enfor being commenced by the town	
- or - Explain how the nonconformity was discovered after the structure was so in violation had been transferred to a bona fide purchaser	
outcome of ignorance of the law or bad faith but resulted from a legitimate mistak	and how the violation was not an
3. Explain how the nonconformity does not constitute a nuisance nor dimin of other property in the area	
Explain how the cost of correction far outweighs any public benefit to be	e gained
Applicant D (Signature)	Date