



Zoning Board of Adjustment
Evans Memorial Building
PO Box 88
Eaton, New Hampshire 03832-0088
603-447-2840

APPLICATION FOR A VARIANCE

DATE: _____

OWNER/APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____

LOCATION OF PROPERTY _____

The undersigned requests a VARIANCE to the terms provided in

Article _____ Section _____

of the Zoning Ordinance.

REASONS why a variance should be granted:

Signed: _____

(Owner)

(Applicant)

Please attach a copy of any plans relating to the application and an application fee of \$75. Also attach a list of all the abutters for this property. The owner of the property must sign the application.