



**Application for Appeal of Administrative Decision**

**Name of Applicant** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

**\*Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Applicant must supply written authorization to submit on behalf of owner(s).*

**Name of Property Owner** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

**\*Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Address** \_\_\_\_\_

Map/Lot Number \_\_\_\_\_ Zoning District \_\_\_\_\_

**An Appeal of Administrative Decision is requested from a decision made by the Health Officer/Deputy Health Officer on \_\_\_\_\_ date regarding \_\_\_\_\_**

**Attach a copy of the decision that you are appealing.**

**Describe the nature of the error or misinterpretation you believe was made:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-----To Be Filled Out By Staff-----

Received by \_\_\_\_\_ Date Received: \_\_\_\_\_ Date of Hearing: \_\_\_\_\_

Total Cost \_\_\_\_\_ (\$100 Application Fee, \$40 Legal Ad, \$10 per abutter) Check # \_\_\_\_\_

April 2, 2025

### **Application Instructions:**

1. All supporting materials for consideration by the Board of Health should be supplied to the Community Development Department with the submission of this application within 10 calendar days of the decision being appealed.
2. Applicants are responsible for providing 7 copies of their application and supporting materials to the Community Development Department in advance of the scheduled hearing.
3. A public hearing before the Board of Health will be scheduled within 30 calendar days of receipt of a completed application. Public notice of the hearing will be posted at the Town Hall and Community Development Department, and printed in a local newspaper. Notices will be mailed to those listed on the abutters list as provided by the applicant, at least 7 calendar days prior to the hearing.
4. Owner/owners must supply written authorization to allow agents and/or other representatives, to apply and appear on the owner/owners behalf.
5. Owner/owner's representative is strongly encouraged to attend the scheduled meeting to present the application before the Board of Health.
6. Please note that the Board of Health may conduct a Site Walk of the property that is the subject of this application when properly posted in accordance with RSA 91-A.

## Abutter List

### **INSTRUCTIONS**

1. Please print the names and legal mailing addresses of all abutters. Visit the Town Assessor's website at <https://www.windhamnh.gov/162/Assessing> to access GIS to determine which parcels are abutting and for the most up-to-date Ownership Information.
  2. An abutter means any person whose property is located in New Hampshire and adjoins, is directly across, or within 50-feet diagonally of the street or stream from the land under consideration. *See RSA 672:3.*
  3. Also include the names and legal mailing addresses of the applicant, property owner (if different), and any professionals (engineers, lawyers, etc.) involved with the application.
  4. TWO SETS OF MAILING LABELS FOR EACH LISTING MUST ALSO BE SUBMITTED.