TOWN OF Windham NEW HAMPSHIRE

BOARD OF HEALTH
3 N Lowell Road, Windham, NH 03087
(603) 432-3806 / www.WindhamNH.gov

WPOD Fertilizer Waiver Application

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_____

WAIVER REQUESTED

A waiver is requested from section(s) _____ of the Regulations Governing
Application of Fertilizers Within the Watershed Protection Overlay District (WPOD) to permit:

_____

_____

_____

_____

Staff Use Only

Received by: _____ Date_____ Date of Hearing:_____

$100 Application Fee + $50 Legal Ad + $10 per abutter Total Cost_____ Check #_____

Pursuant to Section 5 the above-referenced Ordinance (codified as WIN 2:00:29:24), a property owner may apply for a waiver from the Restrictions therein, which may be granted by the Board of Health, pursuant to the Rules of Procedure for the Board of Health (#WIN 4:06:14:99) upon a demonstration that the proposed fertilizer application will not result in elevated nutrient loading to the protected water resources.

Explain how the proposed fertilizer application will not result in elevated nutrient loading to the protected water resources:

_____

_____

_____

The Board of Health will consider the following when deciding on a Waiver:
- That the topography of land adjacent to the water body slopes away from the water body.
- That there exist berms, retaining walls, or installed drain systems which prevent direct run-off into adjoining waters.
- That treatment systems exist (e.g. infiltration; treatment swales, etc.) which are designed to prevent run-off of fertilizer components into the adjoining waters. Such applications may require plans prepared by a licensed civil engineer, affirming drainage patterns.

Explain how the above apply to your property (a separate narrative may be attached):

_____

_____

_____

_____

APPLICATION DIRECTIONS

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. Applicants are responsible for providing 7 copies of their application and supporting materials to the Community Development Department in advance of the scheduled hearing.
2. 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.
3. Owner/owners must supply written authorization to allow agents and/or other representatives, to apply and appear on the owner/owners behalf.
4. Owner/owner's representative is strongly encouraged to attend the scheduled meeting to present the application before the Board of Health.
5. 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.

Map	Block	Lot	Name	Mailing Address
			Do Not Write in Shaded Areas	
			Do Not Write in Shaded Areas	
			Do Not Write in Shaded Areas	
			Do Not Write in Shaded Areas	
			Do Not Write in Shaded Areas	
			Do Not Write in Shaded Areas	
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