288 Central Avenue
Dover, New Hampshire 03820-4169
Tel: (603) 516-6008
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Zoning Board of Adjustment
City of Dover, New Hampshire

HOURS: Monday through Thursday 8:30 AM - 5:30 PM & Friday 8:30 AM to 4:00 PM

INSTRUCTIONS TO APPLICANTS APPEALING TO THE
DOVER ZONING BOARD OF ADJUSTMENT

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE FILLING OUT ATTACHED

Dear Applicant:

This will serve to briefly inform you as to what you must do to bring a petition before the Dover Zoning Board of Adjustment (ZBA). Please refer to the NH Statutes on Land Use and Regulation and the Dover Zoning Ordinance for more specific information. You must complete the application(s) applicable to you. There are four (4) purposes to petition the ZBA; they are:

1. Variances - where special conditions exist in the property warranting the use of that property in a manner which literally or technically is in violation of the ordinance. Variances can be sought to dimensional or use requirements.

   There is a special type of variance allowed for persons having a recognized physical disability, which may be granted for as long as the particular person has a need to use the premises (see RSA 674:33-V). Any medical information submitted to substantiate a disability will remain confidential.

2. Special Exceptions - where the ordinance specifically permits a particular use provided the applicant can prove that whatever conditions attached to such use by the ordinance have or will be complied with.

3. Appeal from Administrative Decisions - where the applicant feels that the Administrative Official made an error in applying or interpreting the zoning ordinance in a particular case.

4. Equitable Waiver of Dimensional Requirements - where a lot or other division of land, or structure thereupon, is discovered to be in violation of a physical layout or dimensional requirement imposed by a zoning ordinance enacted pursuant to RSA:674:16.

The ZBA cannot and will not grant the relief sought unless the applicant proves the elements of his or her case. For example, variances may not be granted solely because the applicant is suffering from financial hardships or other personal hardships or whimsically would like to put his or her property to a non-conforming use.

YOU, THE APPLICANT, ARE RESPONSIBLE FOR PRESENTING SUFFICIENT INFORMATION TO SUPPORT AND PROVE YOUR CASE. WHEN FILLING OUT THE APPLICATION, PLEASE PRINT OR TYPE.

Familiarity with the particular provision of the Zoning Ordinance that affects your property is important, and any specific questions you may have relative to your particular case can be answered either by obtaining a copy of the Zoning Ordinance at the City Clerk's Office, or by inquiring at the Planning Office, Municipal Building, 288 Central Avenue, Dover, NH 03820. The Zoning Ordinance can also be viewed on the city web-site at www.dover.nh.gov.

You may represent yourself or authorize, in writing, someone else to represent you.

You are required to process the application through our online portal at www.dover.permits.nh.gov. Once you have created a username and password, you can apply for the application. Please deliver or mail one (1) copy of the completed application, with all applicable attachments to the Planning Department at least twenty-one (21) days prior to the ZBA meeting date. The ZBA meets on the third Thursday of the month.

Once you have successfully submitted your application on the portal, you will be invoiced the application fee through the portal. You can pay the application fee via the portal with a credit card or electronic check. We also accept payments in our office.

After review of the application, we will send you a second invoice for the abutter notification and legal notice. We will also notify you when the property identification poster is ready for you to pick up to post on the property. All fees must be paid before the meeting or it may stand the chance of being postponed.

The ZBA will hold a public hearing on your application at its regularly scheduled monthly meeting. Public notice of the hearing will be posted at the City Clerk's office and in the Planning Department office. It will also be posted in the newspaper. Certified letters will be mailed to you and to all of the abutters before the date of the hearing.

Please be advised that a decision may not be made the same night of the hearing. After the meeting, you will be sent a notice of decision letter.

If you have any questions, please feel free to reach out to our office at 603.516.6008.

City of Dover, New Hampshire
ZONING BOARD OF ADJUSTMENT APPLICATION

[Revised December 16, 2025]

Office Use Only	Case #:	_____	Date Received:	_____
	Amount Paid:	$ _____	Time Received:	_____

APPLICANT/PROPERTY OWNER INFORMATION

APPLICANT: _____ Phone #_____

Address of Applicant: _____

E-Mail Address: _____

PROPERTY OWNER (*if different from applicant*): _____

Address: _____ Phone #_____

E-Mail Address: _____

PROPERTY/PARCEL INFORMATION

Address: _____

Brief Directions: _____

_____

Zoning District: _____ Assessor's Map # _____ Lot(s) # _____

TYPE OF APPEAL: (Please check one)

_____ Variance from Section _____ of the Zoning Ordinance

_____ Physical Disability Variance (RSA 674:33-V) from Section _____ of the Zoning Ordinance

_____ Special Exception per Section _____ of the Zoning Ordinance

_____ Appeal of Administrative Decision regarding Section _____ of the Zoning Ordinance

_____ Equitable Waiver per Section _____ of the Zoning Ordinance

DESCRIBE BRIEFLY YOUR PLANS FOR THE PROPERTY:

_____

_____

_____

_____

_____

_____

APPLICATION CHECKLIST (Please check off)

Please submit your application through our online portal at www.dover.permits.nh.gov
You will also be required to drop off one copy of the items listed below (A through E).

A. **Application signed** by Applicant and Property Owner (if different from Applicant) _____
Note: In order for the application to be accepted by Planning Department staff and placed on the ZBA agenda YOU MUST COMPLETE (1) ALL SECTIONS ON PAGE 1 as well as (2) ALL QUESTIONS FOR THE SPECIFIC APPEAL YOU ARE SEEKING.

B. **1 copy of Completed Zoning Board of Adjustment Application** _____
Note: Only include those pages of the application that are relevant to your request. Please do not include the abutters list with the 10 copies (include only as part of original signed application (Part A above)).

C. **1 copy of a plot plan** drawn in accordance with a boundary line to scale not less than 1" = 40'. They need to include the lot dimensions including area in square feet, and also the size and location of existing and proposed buildings if applicable, including setbacks. _____

D. Submit at least one (1) copy of the plot plan at a size of **8 ½ x 11** (This is in addition to the 1 copy required in 'C' above). _____

E. 1 **copy of photos** (suggested but optional) and any **other materials** applicant would like to submit in support of the application. _____

Abutter Notification/Mailing Labels - this office will create and print the abutter list and provide labels in triplicate for each abutter. The fee schedule listed below can be used as a guide, only. **Please do not submit a check with this paper application. You will be invoiced through the portal.**

The applicant/owner will need to provide to this office the engineer, architect, land surveyor or soil scientist whose professional seal appears on the plan with names and addresses for notices. You will be notified with the amount due, once we have reviewed your application.
All fees must be paid prior to the meeting or it may stand the chance of not being heard.

1. Applicant & Owner, engineer, architect, land surveyor or soil scientist Certified letters fee # _____ of x $13.00
2. Certified letters fee: # of abutters _____ X $13.00
3. First Class Mail fee (for individual owner of units within a condominium or other collective form of ownership): # of abutters _____ X $3.00
4. Creating/Printing Abutter Labels in triplicate per sheet _____ X $10.00

TOTAL FEE paid by cash or check made payable to "City of Dover"

1. Application fee of:
   $250.00 VARIANCE (per Section requested)
   $250.00 SPECIAL EXCEPTION
   $250.00 APPEAL FROM ADMINISTRATIVE DECISION
   $250.00 EQUITABLE WAIVER

2. Foster's newspaper public notice fee $120.00

VARIANCE REQUIREMENTS

THIS SECTION TO BE COMPLETED BY VARIANCE APPLICANTS ONLY

A. Variance Requested

A variance is requested from Section(s) _____ of the Zoning Ordinance to permit:

_____
_____
_____
_____
_____
_____

B. The Five Variance Criteria (as set forth in NH RSA 674:33, I(b))

Please demonstrate compliance with the following:

1. Waiving the terms of the Ordinance will not be contrary to the public interest because:

_____
_____
_____
_____
_____

2. Deviation from the strict requirements of the Ordinance is consistent with the spirit of the Ordinance because:

_____
_____
_____
_____
_____
_____
_____

3. Granting the variance would do substantial justice because:

_____
_____
_____
_____
_____
_____
_____
_____

4. The value of surrounding property will not be diminished because:

_____
_____
_____
_____
_____
_____
_____

NOTE: please complete EITHER paragraph 5A OR paragraph 5B. Staff recommends that you complete paragraph 5B only if you feel you cannot meet the requirements set forth in paragraph 5A.

5A. Literal enforcement of the provisions of the ordinance would result in an *unnecessary hardship*:

(i) The following special conditions of the property distinguish it from other properties in the area:

_____
_____
_____
_____
_____
_____

and

(ii) No fair and substantial relationship exists between the general purposes of the ordinance provision and the specific application of that provision to the property because:

_____
_____
_____
_____
_____
_____

and

(iii) The proposed use is a reasonable one because:

_____
_____
_____
_____
_____
_____

OR

5B. If the criteria in subparagraph 5A above are not established, explain how, owing to special conditions of the property that distinguish it from other properties in the area, the property cannot be reasonably used in strict conformance with the ordinance, and a variance is therefore necessary to enable a reasonable use of it:

_____
_____
_____
_____
_____

EQUITABLE WAIVER OF DIMENSIONAL REQUIREMENTS

THIS SECTION TO BE COMPLETED BY EQUITABLE WAIVER APPLICANTS ONLY

An Equitable Waiver of Dimensional Requirements is requested from Article _____ Section_____ of the Zoning ordinance to permit _____
_____
_____
_____
_____
_____

1. Does the request involve a dimension requirement, not a use restriction? yes no

_____
_____
_____
_____
_____

2. a) Explain how the violation has existed for 10 years or more with no enforcement action, including written notice, being commenced by the city **OR** b) explain how the nonconformity was discovered after the structure was substantially completed or after a vacant lot in violation had been transferred to a bona fide purchaser **AND** how the violation was not an outcome of ignorance of the law or bad faith but resulted from a legitimate mistake.

_____
_____
_____
_____
_____

3. Explain how the nonconformity does not constitute a nuisance nor diminish the value or interfere with future uses of other property in the area.

_____
_____
_____
_____
_____

4. Explain how the cost of correction far outweighs any public benefit to be gained.

_____
_____
_____
_____
_____

NOTE: The Board must find in the affirmative on all four questions or the request must be denied

APPEAL OF ADMINISTRATIVE DECISION

THIS SECTION TO BE COMPLETED BY APPLICANTS APPEALING AN ADMINISTRATIVE DECISION ONLY

Explain why you feel that the Administrative Official made an error in applying or interpreting the zoning ordinance in a particular case.

SPECIAL EXCEPTION REQUIREMENTS

THIS SECTION TO BE COMPLETED BY SPECIAL EXCEPTION APPLICANTS ONLY

A. General Special Exception Requirements (as set forth in §170-55 of the Zoning Ordinance)

1. Explain how the requested use would be essential or desirable to the public convenience or welfare.

_____
_____
_____
_____
_____

2. Detail how the requested use would not create undue traffic congestion or unduly impair pedestrian safety.

_____
_____
_____
_____
_____
_____

3. Describe how the requested use would not overload any public water, drainage or sewerage system or any other municipal system to such an extent that the requested use or any developed use in the immediate area or in any other area of the City will be unduly subjected to hazards affecting health, safety or the general welfare.

_____
_____
_____
_____
_____
_____

B. Specific Special Exception Requirements (as may be set forth in the applicable Table of Use)

Explain how the proposal meets the specific special exception requirements as may be set forth in the Table of Use for the zoning district in which the subject property is located:

A._____
_____
B._____
_____
C._____
_____
D._____
_____
E._____
_____
F._____
_____

SIGNATURE PAGE

THIS SECTION OF THE APPLICATION MUST BE COMPLETED BY ALL APPLICANTS

I, the undersigned Applicant, hereby certify that the information contained within this Application is complete and accurate, and I acknowledge that I have read and understand the Application Instructions, which are set forth on the first two pages of this Application form.

IMPORTANT
WE WILL NOTIFY YOU THAT THE PROPERTY IDENTIFICATION SIGN IS READY TO BE PICKED UP. IT MUST BE POSTED ON THE PROPERTY FOR 5 DAYS PRIOR TO HEARING. FAILURE TO POST MAY RESULT IN APPLICATION NOT BEING ACCEPTED.

_____

Signature of Applicant*

_____

Signature of Owner*

*Both Signatures Required

AUTHORIZATION TO ENTER SUBJECT PROPERTY

I, and my successors, hereby authorize members of the Dover Zoning Board, Planning Department and other pertinent City Departments and boards to enter my property for the purpose of evaluating this application, including performing inspections during the application phase, post-approval phase, construction phase and occupancy phase. It is understood that these individuals must use all reasonable care, courtesy, and diligence when on the property.

Signature of Property Owner: _____ Date: _____