



City of Dover, New Hampshire ZONING AMENDMENT APPLICATION

[Revision Date: February 13, 2013]

<i>Office Use Only</i>	File #: _____	Date Received: _____
	Amount Paid: _____	Time Received: _____

APPLICANT INFORMATION

Name of Applicant: _____

Address of Applicant: _____

Telephone # (____) _____

Email Address _____

DESCRIPTION OF PROPOSED AMENDMENT

AREA REZONING INFORMATION

Assessor's Map and Lot #s of all properties within the area proposed to be rezoned:

Map	Lot(s)

Current Zoning District(s) _____ Size of Area: _____

Existing Use(s) Within Area: _____

Proposed Zoning District(s) _____ Proposed Use of Area: _____

ORDINANCE AMENDMENT INFORMATION

Article# _____ Section(s) # _____ Section Title(s) _____

Current Provision(s) Language _____

Proposed Provision(s) Language _____

In a separate narrative, please describe how your proposed amendment(s) addresses the following elements:

- The purpose and intent of the amendment;
- Consistency with RSA 674:17;
- Consistency with Dover’s Master Plan;
- Consistency with other plans, studies, or technical reports prepared by, or for, the Planning Board and the City;
- Effect on the City’s municipal services and capital facilities as described in the Capital Improvements Program;
- Effect on the natural, environment, and historical resources of the City;
- Effect on neighborhood including the extent to which nonconformities will be created or eliminated; and
- Effect on the City’s economy and fiscal resources.

REQUIRED ATTACHMENTS

Fifteen (15) hard copies and one digital copy of the following:

- This application;
- A properly drafted ordinance containing the amendment in a form meeting the requirements of the City Clerk (please see attached for example);
- A statement of the purposes and intent of the proposed amendment
- For zoning map amendments:
 - A map showing the existing zoning districts of the area to be rezoned and the proposed changes to these districts;
 - The names, addresses, and telephone numbers of those submitting the petition and of any agents or representatives of the same;
 - A list and address labels including the name, address, and tax map number of each property owner of the area proposed for rezoning and each property owner within one hundred (100) feet of the subject area. The list shall be current within ten (10) days of submittal;
 - A non-refundable fee of eight dollars (\$8.00) per property owners and abutter required to be notified included on the lists of properties;
- A non-refundable fee of one hundred fifty dollars (\$150.00) to cover the cost of staff review and processing of the amendment;
- A non-refundable fee of eighty dollars (\$80.00) to cover the cost of the newspaper notice; and
- For district or citywide zoning map amendments, or for zoning ordinance text amendments, please contact the Planning Department for cost of mailing and abutter notice requirements.

SIGNATURE OF APPLICANT(S)

I_/We hereby submit this application to the City of Dover Planning Board and attest that to the best of my knowledge all of the information on this application form and in the accompanying application materials and documentation is true and accurate. As applicant or as agent, I attest that I am duly authorized to act in this capacity.

Signature of Applicant: _____ Date: _____

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