

**(For Office Use Only)**  
Received by: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Application Fee Paid: \$ \_\_\_\_\_  
Plans Attached: \_\_\_\_\_

**Pittsfield Zoning Board of Adjustment  
Town of Pittsfield  
85 Main Street  
Pittsfield, NH 03263**

**Motion for Rehearing**

Motions must be complete and legible

NAME OF MOVANT: \_\_\_\_\_ TELEPHONE No: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NAME OF AGENT: \_\_\_\_\_ TELEPHONE No: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

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NAME OF THE ORIGINAL APPLICANT: \_\_\_\_\_

DATE WHEN THE ZBA DECIDED THE ORIGINAL APPLICATION: \_\_\_\_\_

DESCRIPTION OF THE DECISION ON THE ORIGINAL APPLICATION: \_\_\_\_\_

LOCATION OF THE PREMISE (TAX MAP, LOT, AND STREET ADDRESS): \_\_\_\_\_

THE ORIGINAL APPLICATION WAS FOR A (CHECK ONE):

VARIANCE \_\_\_\_\_

SPECIAL EXCEPTION \_\_\_\_\_

APPEAL OF ADMINISTRATIVE DECISION \_\_\_\_\_

OF ARTICLE \_\_\_\_\_ SECTION \_\_\_\_\_

SET FORTH FULLY EVERY GROUND UPON WHICH IT IS CLAIMED THAT THE DECISION OR ORDER  
COMPLAINED OF IS UNLAWFUL OR UNREASONABLE (See RSA 677:2 and RSA 677:3. Attach additional  
sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

