

Town of Wilton, NH Application to the Zoning Board of Adjustment (Revised January 2011)

General Information, Page 1 of 3

Property Information

Describe the lot involved in the application (the lot that you want to build a building on, subdivide, conduct a business or other activity on, etc.). If more than one lot is involved, then describe them all in this space if it is convenient, or attach additional copies of this page.
Tax Map and Lot Number <u>C 2</u> Lot Size <u>8.9 acres</u>
Street Address 1197 Gibbons Hwy
Zoning District (check one): Residential General Residence and Agricultural Commercial Industrial Office Park
Relevant Overlay Districts (check any that apply): Research and Office Park Floodplain Conservation Watershed Wetlands Conservation Aquifer Protection Elderly Housing
Owner
If the application involves multiple lots with different owners, attach additional copies of this page. Name Alison Sanchez Mailing address 1197 Gibbons Hwy
Mailing address 1197 Gibbons Hwy
Mailing address
Town, State, ZIP Wilton, NH 03086
This application must be signed by the owners of all lots involved in the application.
I approve the submission of this application. If an applicant or representative is named on the next page, the person named there has my permission to represent me before the Wilton Zoning Board.
Signature Date 3-8-22
(continued on the next page)
clerk use only Date and time received: 3/24/2022
Received by: 4 Decofoau Amount paid: # 148
Case #: Abutter list and labels included



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Applicant

The applicant is the person who actually wants to build the building, conduct the business, etc. This is usually the same as the property owner, but might be a tenant, someone who plans to purchase the property, etc. If the applicant is the same as the owner, just check "Same as owner" and leave the rest of this section blank.

Same as owner
Name
Mailing address
Mailing address
Town, State, ZIP
Signature of Applicant or Owner
I certify that to the best of my knowledge and belief, all information provided in this application is accurate.
Signature 250 Date $3-8-22$
Representative
Fill out this section if the application is being submitted by a realtor, surveyor, engineer, attorney, etc., on behalf of the actual owner or applicant.
Name
Mailing address
Mailing address
Town, State, ZIP
I authorize the above-named representative to submit this application and to speak before the Zoning Board on my behalf.
Signature of applicant or owner
Signature Date

(continued on the next page)



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Contact Information

How can we get in touch with the applicant or the applicant's representative, if there are questions about or problems with the application? Provide at least one of the following. If you pro-
vide more than one, please check your preferred form of contact.
This information is for: 💢 the applicant 🚨 the representative.
Daytime phone 718 - 928 - 5308 Daytime phone

Work E-mail <u>alison @ alisonsanchez.</u> Personal e-mail <u>alison. faye @</u>
Com

qmail.com

Proposed Use

Explain what you want to do with the property. (Do you want to build a building, subdivide a lot, have a business, ...).

Explain why you need the Zoning Board to let you do it. (The building will be too close to the lot line; the Planning Board wouldn't approve your subdivision; your lot is in a zoning district where businesses aren't allowed; ...).

Be specific. Identify the section or sections of the Zoning Ordinance that apply. If lot sizes or configurations or building placements are relevant, provide a scale drawing or plan showing all relevant information, such as lot lines, setbacks, present and proposed structures on your lot and neighboring lots, etc.

Description of proposed use and need for ZBA approval (use this page; attach additional pages as necessary):

I am requesting a special exception for a home occupation to perform speech therapy (sole practitioner)



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Application for a Special Exception

A Special Exception is a use which is permitted by the Zoning Ordinance, but requires approval from the Zoning Board. Most special exceptions have a list of requirements; the Zoning Board can only approve the special exception if it finds that all the requirements are satisfied.

Note that in addition to the specific requirements that may be listed for a particular special exception, all special exceptions are subject to the general requirements in Section 4.4 of the Zoning Ordinance.

quirements in Section 4.4 of the Zoning Ordinance.
What section of the Zoning Ordinance defines the Special Exception that you are applying for? 5.3.
Explain why your proposed use satisfies the requirements of the Zoning Ordinance:
4.12 Special Exceptions
a. I am applying to have a speech and language therapy office (sole practioner) in my home
therapy office (sole practioner) in my home
in order to see children for therapy.
b. This use will not negatively impact the neighborhood, as it will only involve 1-3
reignborhood, as it will not involve
children at a time and will not involve
any changes to the property.
C. This use does not include changes to the
property or any hazards to health or safety.
d. The speech therapy activities will have
no impact on property value and will
not be apparent from the exterior.
C. The home speech therapy sessions will not
significantly increase traffic, starting
significantly increase traffic, starting with a maximum of 3 sessions in a
day and not exceeding 5, M-F.
f. 1197 Gibbons Hwy can accommodate necessary
1. It is dissens they can be add and add and alice
off street parking (see included map/graphic)
9. The speech therapy office will have no impact on attractiveness.
on attractiveness.
h. This home occupation is in the spirit of this
Ordinance.
1. This home occupation meets the criteria
of the particular special exception
1. This home occupation meets the criteria of the particular special exception (see back for 5.3.1)

5.3.1 Home Occupations

a. The speech therapy office use is secondary and incidental to the use of the home as a dwelling. The office will be located in the 4 season porch/mudroom.

b. The speech therapist/sole practitioneris

the resident owner

C. There will be no employees.

d. No additions or changes will be made for the speech therapy office.

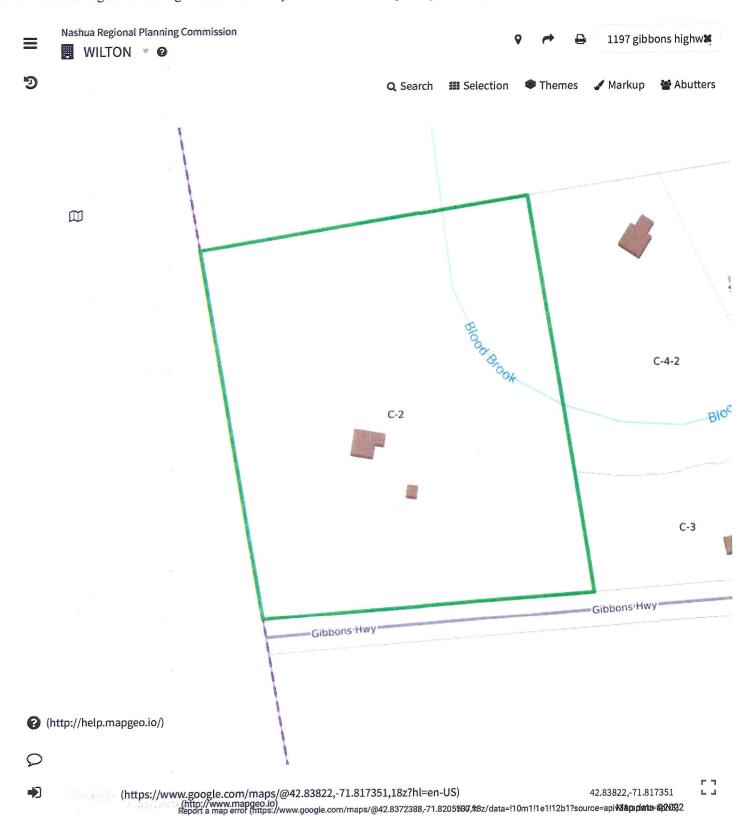
e. There will be no exterior storage of

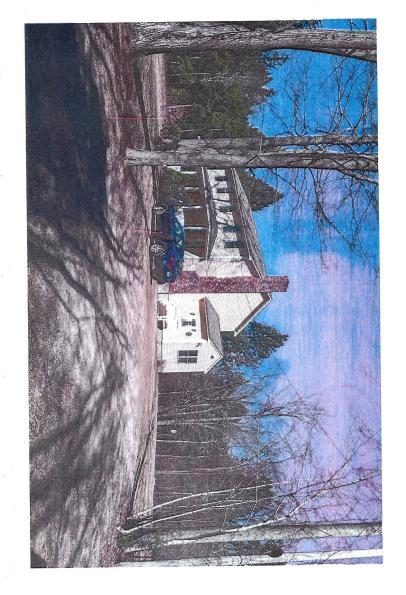
materials or equipment.

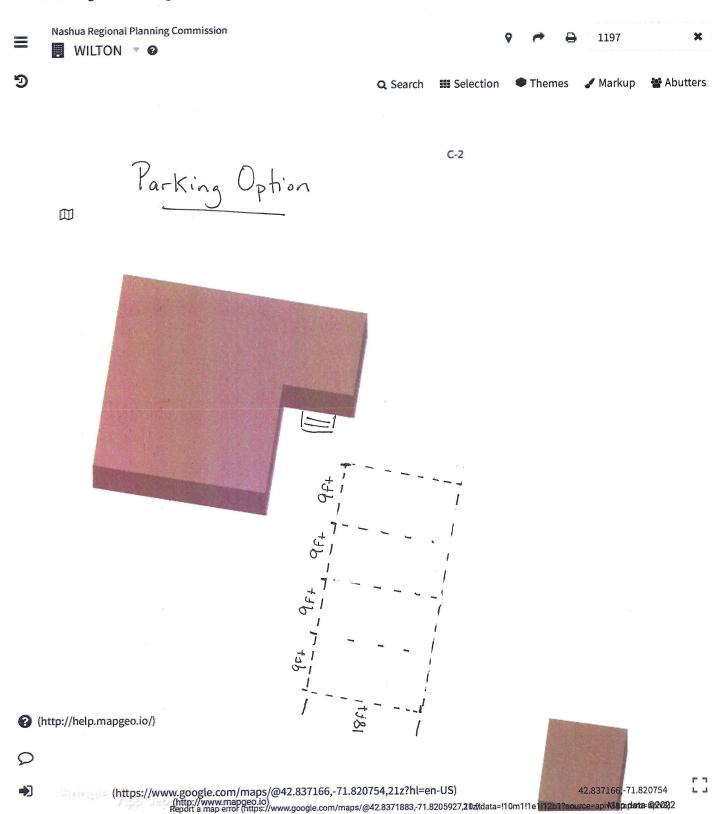
f. The current driveway is sufficient for dient parking. Please see included map/graphic

g. Traffic will not significantly increase or cause safety hazards. There will be a maximum of 5 sessions per day, starting off with a maximum of 3. Sessions will typically be with only one child and a caretaker.

h. Alison Sanchez holds a state speech language pathology license (#2155) With the office of Licensed Allied Health Professionals.







Alison & Leo Sanchez 1197 Gibbons Hwy Wilton, NH 03086 Alison & Leo Sanchez 1197 Gibbons Hwy Wilton, NH 03086

Jason M & Christina M Ensell 16 Victoria Lane Wilton, NH 03086

Jason M & Christina M Ensell 16 Victoria Lane Wilton, NH 03086

Four Winds Community 32 Colburn Rd Temple, NH 03084 Four Winds Community 32 Colburn Rd Temple, NH 03084

Harley G Cass Jr. & Janet Cass 1175 Gibbons Hwy Wilton, NH 03086 Harley G Cass Jr. & Janet Cass 1175 Gibbons Hwy Wilton, NH 03086

Heller Blackmer Rev Trust, H H Blackmer Robichaud, Trustee 126 Burton Hwy Wilton, NH 03086 Heller Blackmer Rev Trust, H H Blackmer Robichaud, Trustee 126 Burton Hwy Wilton, NH 03086

Geanne Whitcomb Irrevocable Trust 479 Colburn Rd Temple, NH 03084 Geanne Whitcomb Irrevocable Trust 479 Colburn Rd Temple, NH 03084

Thomas & Gretchen Whitcomb 479 Colburn Rd Temple, NH 03084 Thomas & Gretchen Whitcomb 479 Colburn Rd Temple, NH 03084

Brooke Estates Home Owners 16 Woodland Dr New Ipswich, NH 03071 Brooke Estates Home Owners 16 Woodland Dr New Ipswich, NH 03071