

TOWN OF LYMAN

\$15 Fee

ACCESSORY ZONING PERMIT

**Barns, Woodsheds, Garages, Sheds, Decks, Porches and
all other structures that do not require septic permit**

Date _____ Phone _____

Email _____

Owner of Record _____ Applicant _____

Mailing Address _____

Location of Proposed Building _____

Map # _____ Lot # _____ Value of Construction \$ _____

Purpose/Type of Construction _____

Are there currently any other buildings on this property? _____

Describe _____

Acreage (min 2.07 ac *) _____ Road Frontage (min 250 ft *) _____

Distance from Center of Road (min 65 ft *) _____ Height (max 35 ft *) _____

Distance from Side & Rear Boundaries (min 30 ft *) _____

Is this land in Current Use? _____

⚠ MUST ATTACH DRAWING DETAILING BUILDING, LOCATION, PROPERTY LINES

I hereby declare that the above statements are true. I intend to have the described work completed within one (1) year of this date. If there are changes from the proposed plans or an extension is necessary, I will contact the Selectmen to update the information.

Signature of Owner(s)

Permission is hereby granted to the above applicant to build as described.

Approval Date _____ Expires _____ Permit # _____

The Lyman Board of Selectmen

Bruce Beane

Thomas S Smith

Bo Presby

*If road frontage, setbacks, height, or acreage do not meet the zoning regulations, the permit will be denied, and the owner will be referred to the Zoning Board of Adjustment to request a hearing for a variance.

Notes:

Must comply with all environmental, health and safety regulations of the State of NH.