

APPEAL FROM AN ADMINISTRATIVE DECISION

To: Board of Adjustment,
Town of _____

Do not write in this space.
Case No. _____
Date Filed _____

(signed - ZBA)

Name of Applicant _____

Address _____

Owner _____

Email Address _____ Phone _____

(if same as applicant, write "same")

Map & Lot _____ Town Water? YES or NO Town Sewer? YES or NO

Location of Property _____

(street, number, sub-division & lot number)

NOTE: This application is not acceptable unless all required statements have been made.
Additional information may be supplied on a separate sheet if the space provided is inadequate.

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Relating to the interpretation and enforcement of the provisions of the zoning ordinance.

Decision of the enforcement officer to be reviewed _____

_____ Number _____ Date _____

article _____ section _____ of the zoning ordinance in question: _____

Applicant _____ Date _____

(signature)