

APPEAL FROM AN ADMINISTRATIVE DECISION

To: Zoning Board of Adjustment,

City/Town of _____

Do not write in this space.

Case No. _____

Date Filed _____

(Signed - ZBA)

Name of Applicant _____

Address _____

Owner _____

(if same as applicant, write "same")

Location of Property _____

(street, number, sub-division and 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.

Appeal from an Administrative Decision

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)

ABUTTERS LIST

Name of Applicant: _____

Address: _____

Property Concerned: Tax Map _____ Lot _____

The following are the abutters to the above property. Please include those across the street.

Tax Map _____ Lot _____ Name: _____

Address: _____

Tax Map _____ Lot _____ Name: _____

Address: _____

Tax Map _____ Lot _____ Name: _____

Address: _____

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Address: _____

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Address: _____

Tax Map _____ Lot _____ Name: _____

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