



APPLICATION TO THE BOARD OF APPEALS

Appeal Number : _____ Date : _____

Owner

Applicant (if other than owner)

Name : _____
Address : _____
Phone # : _____

Name : _____
Address : _____
Phone # : _____

1. Request to the Board of Appeals to overturn the Zoning Enforcement Officer's decision to DENY GRANT an application for a Zoning Permit Application Number _____ Dated _____ .

2. APPLICATION FOR : Use Variance Other
Area Variance
Interpretation Please Specify _____

3. Address of Project Site : _____
Tax Map Number : _____ Zoning District : _____

4. Has a previous appeal been filed pertaining to this parcel? NO YES
If Yes, list appeal No. _____ Date _____
Purpose of Request : _____
Justification of the Request : General Response _____

A more SPECIFIC RESPONSE should accompany this application on separate sheet(s) of paper. Address each of the statements listed on the sheets which pertain to your specific appeal.

The Applicant shall submit with this appeal, appropriate supporting materials including, but not limited to, site plans, elevations, traffic circulation diagrams, neighborhood land use maps and any

CERTIFICATION : I hereby certify that I have read and examined this application and supported attachments and know the same to be true and correct. All provisions of law and ordinances covering this type of work or use will be complied with weather specified herein or not. The granting of an appeal does not presume to give authority to violate or cancel the provisions of any other state or local ordinance or law regulated construction or performance of construction and/or use.

Applicant's Signature _____ Date _____

Owner's Signature _____ Date _____

Office Use Only **Provisions of Zoning Law Appealed:**
1. Article _____ Section _____
 Subsection _____ Paragraph _____
State Reason : _____

2. Table I or II—State Reason : _____

Fee Collected : Check # _____
Appeal Fee \$ _____
Public Hearing Fee \$ _____
TOTAL FEE \$ _____
Signature - Zoning Enforcement Officer _____ Date _____