ADMINISTRATIVE APPEAL

APPLICATION FOR HEARING BEFORE THE
ZONING BOARD OF APPEALS
(A fee of $65.00 payable upon filing of this application.)

Date: _______________________

Name of Appellant: _______________________________________________________

Mailing Address: ___________________________________________________________
                             Street        City/Town        State        Zip Code

Telephone Number: _______________________

Name of Owner (if different than Appellant): _________________________________

Section 13.4 A.1 Appeal Procedure – Making an Appeal. An appeal may be taken to the
Board of Appeals by an aggrieved person from any decision of the Code Enforcement Officer or
Planning Board. Such Appeal shall be taken within thirty (30) days of the decision appealed
from, and not otherwise, except that the Board, upon a showing of good cause, may waive the
thirty (30) day requirement.

Section 13.4A.2 Appeal Procedure- Making an Appeal. Such appeal shall be made by filing
with the Board of Appeals a written notice of appeal, specifying the grounds for such appeal.
The undersigned/appellant requests that the Board of Appeals consider one of the following:

**An Administrative Appeal.** Relief from the decision, or lack of decision, of the Code Enforcement Officer or Planning Board in regard to an application for a permit. The undersigned/appellant believes that (check one):

____ an error was made in denial of the permit.

____ the denial of the permit was based on a misinterpretation of ordinance.

____ there has been a failure to approve or deny the permit within a reasonable period of time.

____ Other ______________________________

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Please explain in more detail the facts surrounding this appeal (please attach a separate piece of paper). You should be as specific as possible so that the Board of Appeals can give full consideration to your case. If applicable, please attach a copy of the written decision of the Code Enforcement Officer or Planning Board to this application.

I certify that the information contained in this application and its supplement is true and correct. **I agree to pay a fee of $65.00 payable upon filing of this application. I also agree to be present at the meeting to present my case. In the even of an unexcused failure to appear, I agree to pay another $65.00 to have meeting rescheduled.**

Appellant _______________________________ Date _______________________________