



Do Not Write In This Space-ZBA Office Use Only

Appeal From An Administrative Decision

Applicant:

Owner(s) of record: (indicate if same as applicant)

Mailing Address:

Mailing Address:

Telephone: _____

Telephone: _____

Property Location: Map _____ Lot(s) _____

No & Street _____

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

Relating to the interpretation and enforcement of the provisions of the zoning ordinance. Decision to be reviewed:

Article _____ Section _____ of the zoning ordinance in question:

Applicant Signature/Date

Owner(s) Signature/Date
