

Application for Appeal

Location of Property:		_Parcel ID #
OWNER:		
Name of Land Owner:		
Mailing Address (street or box #)		
City	State	Zip Code
Telephone Numbers: Daytime	Night	E-Mail
AGENT:		
Agent Name:		
Mailing Address		·
City	State	Zip Code
Telephone Numbers: Daytime	Night	E-mail
Property Owner's Deed was Recorde	ed on: Date of Sale	
Review Board will evaluate and app	rove or deny Appeals. The E 45) days after the date of th	and decide upon Appeals. The Development Board shall act to grant or deny any such ne final public hearing held, and failure to do so uestions, please contact the Zoning
Describe the reason for the requeste	ed Appeal:	
Name and Address of Appellant:		
Brief description of the property with	n respect to which the Appea	al is taken:
A reference to applicable provisions	of these regulations:	
The relief requested by the appellan regulations:	t, including any request for a	variance from one or more provisions of these
The alleged grounds why such relief	is believed proper under the	circumstances:

l,		, am the owner of p	roperty at, and	
hereby authorize		to represent me	e and speak on my behalf before the	
Development Review Board i	n the matter of this ap	peal.		
Owner Signature/Date		Agent Signature	Agent Signature/Date	
FOR USE BY THE ZONING AD	MINISTRATOR	Parcel #_		
Application #	Date Re	eceived	Fee Received	
Development Review Board				
Permit Type:	Annroved	Daniad	D	
	Approved	Denied	Reason	
			Reason Date	
Administrative Officer's Sign FEE SCHEDULE Fees must be included with t	aturehe Application. Please i	(make checks payable		