

Town of



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 Recorded on: Date of Sale \_\_\_\_\_

**The Development Review Board has the responsibility to hear and decide upon Appeals. The Development Review Board will evaluate and approve or deny Appeals. The Board shall act to grant or deny any such requested Appeal within forty-five (45) days after the date of the final public hearing held, and failure to do so within such period shall be deemed approval. If you have any questions, please contact the Zoning Administrator at (802) 464-8591.**

Describe the reason for the requested Appeal:

\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Appellant:

\_\_\_\_\_  
\_\_\_\_\_

Brief description of the property with respect to which the Appeal is taken:

\_\_\_\_\_

A reference to applicable provisions of these regulations:

\_\_\_\_\_

The relief requested by the appellant, including any request for a variance from one or more provisions of these regulations:

\_\_\_\_\_  
\_\_\_\_\_

The alleged grounds why such relief is believed proper under the circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION TO ENTER THE PROPERTY:** Signing of this application authorizes the Zoning Administrator, Development Review Board, and/or the Listers' to enter onto the premises for the purpose of verifying the information presented.

I, \_\_\_\_\_, am the owner of property at \_\_\_\_\_, and I hereby authorize \_\_\_\_\_ to represent me and speak on my behalf before the Development Review Board in the matter of this appeal.

\_\_\_\_\_  
Owner Signature/Date

\_\_\_\_\_  
Agent Signature/Date

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**FOR USE BY THE ZONING ADMINISTRATOR**

Parcel # \_\_\_\_\_

Application # \_\_\_\_\_ Date Received \_\_\_\_\_ Fee Received \_\_\_\_\_

Development Review Board Hearing Date \_\_\_\_\_ Date Warned \_\_\_\_\_

Permit Type: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_

Administrative Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FEE SCHEDULE**

Owner Name \_\_\_\_\_

Fees must be included with the Application. Please make checks payable to the Town of Wilmington. Application Fees are non-refundable. The fees below are the most used; they do not include all fees. Please refer to the full fee schedule.

DRB Hearing Fee \$88.00  
TOTAL \$88.00