

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:

