

MEREDITH ZONING BOARD OF ADJUSTMENT

APPEAL FROM AN ADMINISTRATIVE DECISION

To: Board of Adjustment

Case No. _____
Date Filed: _____
Fee: _____
Rec'd. By: _____

Name of Applicant: _____
Address: _____
Owner: _____
(if same as applicant, write "same")

Location of Property: _____ Map/Lot _____

NOTE: This application is not acceptable unless all required statements have been made. Additional information may be supplied on a separate sheet if the space provided is inadequate. If the applicant is the owner, write "same". **If the applicant is not the owner, please attach written authorization from the owner to proceed with the application for appeal.**

APPEAL FROM AN ADMINISTRATIVE DECISION

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

_____ Number _____ Date _____
Article _____ Section _____ of the zoning ordinance in question: _____

Applicant _____ Date _____
(Signature)