

Appeal from an Administrative Decision

Date Filed:	
Case No:	-
(Signed- ZBA)	-

Land Owner:	Contact person:		
Mailing Address:			
Phone:	_ Email:		
Applicant (if different):	Contact person:		
Mailing Address:			
	_ Email:		
	Contact Person:		
Mailing Address:			
Phone:	_Email:		
Address of Property:	Zoning District:		
Tax Map & Lot # (s):	Total area: (acres)		
Describe your legal "standing" to make appeal: To establish "standing," an appealing party must show "some direct, definite interest in the outcomeof the action or proceeding." Factors may include the proximity of your property to the property for which approval is sought; the type of change being proposed; the immediacy of the injury claimed; your participation in the administrative hearings.			

Complete the Following

(Use Additional sheet if necessary)

Name and Title of Administrative Official or board whose decision you are appealing:
Description of decision being appealed:
Date of decision being appealed:
4. Explain how, in your opinion, the administrative decision was done in error:
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.
ApplicantDate