

APPLICATION FOR AN ADMINISTRATIVE HEARING

[Note: This application contains two types of appeals: (1) adverse decision, and (2) Interpretation of either the Official Zoning Map or the text of the Zoning Ordinance. The applicant can request one of these types without the other or request both if appropriate.]

Date _____

TO THE BOARD OF ADJUSTMENT:

I, _____,
(Name of applicant)
hereby appeal to the Board of Adjustment from the following adverse decision of the Zoning Administrator(describe the decision): _____

This adverse decision was made with respect to property located at


(Street address)
Tax Parcel No: _____

I, _____, hereby request an
(Name of applicant).
interpretation of:
() the Zoning Map
() the following section(s) of the text of the Zoning Ordinance: _____

insofar as the map and/or the ordinance relate to the use of the above described property described in the attached General Application Form.

STATEMENT BY APPLICANT/APPELLANT: (In the space provided below or on the back of this form, present your interpretation of the ordinance provisions in question and state what reasons you have for believing that your interpretation is the correct one.)

(In addition, state what facts you are prepared to prove to the Board of Adjustment that should lead the Board to conclude that the decision of the Zoning Administrator was erroneous.)

 NOTE: APPLICANTS, AND/OR THEIR AGENTS OR PARTIES OF INTEREST ARE PROHIBITED FROM ANY CONTACT IN RELATION TO THIS MATTER WITH BOARD OF ADJUSTMENT MEMBERS PRIOR TO THE PUBLIC HEARING.

I certify that all of the information presented by the undersigned in this application is accurate to the best of my knowledge, information and belief.

Respectfully submitted, this the _____ day of _____, _____.

(Signature of Applicant)

NOTE: IF THE PERSON WHO IS REQUESTING THE BOARD OF ADJUSTMENT TO TAKE ACTION ON A PARTICULAR PIECE OF PROPERTY IS NOT THE OWNER OF THE PROPERTY OR DOES NOT HAVE A BINDING OPTION TO PURCHASE THE PROPERTY, THEN THE ACTUAL OWNER OF THE LAND MUST COMPLETE THIS FORM. IF THE PERSON WHO IS REQUESTING THE BOARD OF ADJUSTMENT TO TAKE ACTION ON A PARTICULAR PIECE OF PROPERTY IS THE OWNER OF THE PROPERTY OR HAS A BINDING OPTION TO PURCHASE THE PROPERTY, PLEASE DISREGARD THIS FORM.

Dear Board of Adjustment:

I am/we are the owner(s) of the property located at _____

_____.

I hereby authorize (name) _____ to appear with my consent before the Town of (town name) Board of Adjustment in order to ask for an administrative hearing to appeal from the adverse decision of a Zoning Administrator with respect to the above described property. I authorize you to advertise and present this matter in my name as the owner(s) of the property.

If there are any questions, you may contact me at my address, _____

_____.

or by telephone at _____.

Respectfully yours,

_____ Owner

_____ Owner

_____ Owner

_____ Owner

Sworn to and subscribed before me, this the _____ day of _____.

(Notary Public)

My commission Expires: