



Appeal from an Administrative Decision

Date Filed:
Case No:
Application Fee: \$ 100.00
Abutter Fee: \$ _____
Publication Fee: \$ 50.00
Total Due: \$ _____

Land Owner: _____ Contact person: _____

Mailing Address: _____

Phone: _____ Email: _____

Applicant (if different): _____ Contact person: _____

Mailing Address: _____

Phone: _____ Email: _____

Agent (if any): _____ 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 outcome of 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)

1. Name and Title of Administrative Official or board whose decision you are appealing: _____

2. Description of decision being appealed: _____

3. 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.

Applicant _____ Date _____
(signature)