

Application for Appeal From an Administrative Decision

ZONING BOARD OF ADJUSTMENT
NEWBURY, NEW HAMPSHIRE

INSTRUCTIONS: See Information for Appellants attached.

Property Owner: _____

Mailing Address: _____

Telephone: _____

(FOR MUNICIPAL USE ONLY) Case # _____ Received On _____ By _____ Fee _____ Plans _____ Abutter List _____ Public Hearing Date _____ Decision _____ Appeal _____ Action _____ Rehearing _____ Decision _____ Date Fee Paid _____ Check# _____

LOCATION OF PROPERTY: _____ MAP# _____ LOT# _____

PROPERTY OWNER'S AGENT: _____

ADDRESS: _____ PHONE: _____

Undersigned hereby requests an Appeal from an Administrative Decision.

The decision of the Administrative Official to be reviewed is as follows:

Applicant states that the decision appealed from is incorrect for the following reasons:

I have attached all the supporting documentation required and hereby certify that all of the information contained herein is true and accurate to the best of my knowledge.

Signed: _____ (Owner) _____ (Agent) _____ (Applicant)

Date: _____