



PERMIT FEES NOT REFUNDABLE OR TRANSFERABLE  
**ZONING BOARD OF APPEALS**  
APPLICATION FOR APPEAL OF THE ZONING LAW

Permit Number: \_\_\_\_\_

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Tax Map #: \_\_\_\_\_ Fee: \_\_\_\_\_

NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY REVIEW OF YOUR APPLICATION. PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE.

**PART 1: GENERAL INFORMATION**

**1. Project Location and Information**

Number & Street Address: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Current use of the Property/Building: \_\_\_\_\_

Proposed use of the Property/Building: \_\_\_\_\_

**2. Owner Information**

Owner's Name: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**3. Applying for:**

Area Variance

Use Variance

Interpretation

Request relates to the following provisions of the Zoning Law:

Zoning Map  Text – Article: \_\_\_\_\_ Section: \_\_\_\_\_ Subsection: \_\_\_\_\_

4. **Purpose of Request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. **Justification of Request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. **Previous Appeals:**  Yes  No Appeal Number: \_\_\_\_\_ Date: \_\_\_\_\_

7. **Application Denied by:**  Codes/Zoning Officer  Planning Board Date: \_\_\_\_\_

The applicant should include with this application a copy of the denial received from either the Codes / Zoning Enforcement Officer or the Planning Board. In order for the Zoning Board of Appeals to give every consideration to your request, please submit any and all supporting materials, including maps, surveys, building plans, elevations, landscaping diagrams, traffic patterns, neighborhood land use maps, and any other relevant information that will assist the board to understand the request.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date