

Application for Appeal From an Administrative Decision

ZONING BOARD OF ADJUSTMENT NEWBURY, NEW HAMPSHIRE

INSTRUCTIONS: See Guidelines for Applicants attached.

It is recommended that Applicant consult with Land Use Coordinator before completing this Application.

(FOR MUNICIPAL USE ONLY)

Fee _____ Abutter List _____

Property Owner: _____

Mailing
Address: _____

Telephone: _____

LOCATION OF
PROPERTY: _____ MAP# _____ LOT# _____

PROPERTY OWNER'S AGENT: _____

ADDRESS: _____ PHONE: _____

***NOTE: This application is not acceptable unless all required statements below have been answered.
This information may be supplied on a separate sheet and attached to this application.***

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: _____