

Office Use Only

Application #:
Date Submitted:
Received By:
Fee:
Date Rec'd by Commission/Board:

APPLICATION TYPE:

- ☐ Site Plan Review
- ☐ Special Permit
- ☐ Subdivision
- ☐ Zone Text Change
- ☐ Zone Map Change
- ☐ Zoning Board of Appeals

TO BE COMPLETED BY THE APPLICANT -- PLEASE PRINT

Applicant's Name:	
Mailing Address:	
Day Phone:	Evening Phone:
Landowner:	
Mailing Address:	
Day Phone:	Evening Phone:

LOCATION OF PROPERTY

Address:				
GIS #	Lot:	Zoning District:	Lot Size:	Frontage:

INTENT OF APPLICATION / PROPOSED ACTIVITY

Description:

ZONING BOARD OF APPEALS APPLICATIONS ONLY

<input type="checkbox"/> A variance in the application of the Zoning Regulations is requested.
<input type="checkbox"/> There is an error in an order, requirement or decision made by the Zoning Enforcement Officer (Appeal).
<input type="checkbox"/> Other (Specify Above).

Signature of Applicant_____
Date_____
Signature of Owner (if different from Applicant)_____
Date