

APPLICATION FOR APPEAL
Appeal from an Administrative Decision

Filing fee: \$45.00
Notice fee: \$50.00
Certified Letters x \$4.42 - \$XX.XX

******Total to be paid at the time of application.
It will not go on the Zoning Board of
Adjustment's agenda until fee is paid.**

| |
|-----------------------------|
| Do not write in this space. |
| Case No. _____ |
| Date Filed _____ |
| Signed _____ |

To: Zoning Board of Adjustment
25 Main Street
Lancaster, NH 03584

Name of Applicant _____

Address _____

Owner _____
(if same as applicant, write "same")

Location of property _____
(street, number, subdivision, & lot number)

NOTE: This application is not acceptable unless all required statements have been made. Additional information may be supplied on separate sheet if the space provided is inadequate. You may call the Town Office at 788-3391 with any questions.

Reason for Appeal: _____

Relating to the interpretation and enforcement of the provisions of the zoning ordinance.

Decision of the enforcement officer to be reviewed _____

Number _____ Date _____ Article _____

Section _____ of the zoning ordinance in question: _____

Applicant's Signature: _____ Date: _____