



**APPLICATION FOR AN APPEAL
OF A DECISION BY THE
ZONING ADMINISTRATOR TO THE DRB**

APPEAL # _____

Date _____

Applicant _____

Mailing Address _____

Home Telephone _____

Work Telephone _____

Fax # _____

Property Street Address _____

Tax Parcel Number from Grand List Book _____

Zoning District _____

Signature of Applicant: _____

Signature of Property Owner: _____

DATE OF DECISION THAT YOU ARE APPEALING: _____

This application should include relevant information such as floor plans, site plans, elevations, landscaping, traffic circulation diagrams, neighborhood land use maps or any additional information or data required to advise the DRB fully with reference to the appeal.

Office Use Only

\$150.00 Fee Paid _____ Date ____ / ____ / ____ Received By: _____

APPEAL # _____

Explain the Basis for Your Appeal on the Following Page.

