APPLICATION FOR APPEAL FROM AN ADMINISTRATIVE DECISION **MAP:** **LOT:**
TOWN OF SWANZEY (Revised 8/22)

To: Board of Adjustment, Town of Swanzey:

NAME OF APPLICANT:	**MAILING ADDRESS OF APPLICANT:**
Contact phone number:	
OWNER OF PROPERTY: (If same as applicant, write "same")	**MAILING ADDRESS OF OWNER:** (If same as applicant, write "same")
LOCATION OF PROPERTY (Give Zoning District in which located & current street address)	

FEES:

- Application fee: $75
- Current rates for Keene Sentinel Legal Notices
- $10/abutter certified mail notice

Fees will be billed and **must** be paid prior to public hearing.

APPEAL FROM AN ADMINISTRATIVE DECISION
(MUST BE FILED WITHIN 30 DAYS OF THE DECISION)

1. Section(s) of the Zoning Ordinance in question: Section: _____ Article: _____
2. Decision of the administrative official to be reviewed: (attach a copy)
3. Basis for error in the administrative official's decision:

4. Attach a complete and up-to date listing of ALL abutters with addresses

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Signature of Applicant: **Date:**

DATE: THIS APPEAL FROM AN ADMINISTRATIVE DECISION IS HEREBY:

☐ GRANTED ☐ DENIED

BY THE BOARD OF ADJUSTMENT: The following are reasons and/or conditions:

SIGNATURE: (Chairman) SIGNATURE (Member) SIGNATURE (Member)

REMARKS:

ZBA CHECKLIST FOR AN APPEAL FROM AN ADMINISTRATIVE ORDER

Is the application an appeal from an ADMINISTRATIVE ORDER?

If so-

- What is the meaning of the provision in questions?
- Does the appellant meet the terms?