

## **Zoning Board of Appeals**

### **Administrative Appeal**

Name:		
Owner (if other than	applicant)	
Name:		
Address:		
Site Information		
The land that is the sub	pject matter of this appeal is located on	
Map #	, Lot #	_, of the Assessor's records and has an
address of		<b>→</b>
Worcester County Reg	gistry of Deeds recording information:	
Book #	Page #	
Plan Recording #		
Zoning District in which	ch the property is located:	

#### **Administrative Appeal Requested**

#### YOU MUST ATTACH A COPY OF THE DECISION YOU ARE APPEALING

This administrative ap	peal is based on a decisi	on by			
dated					
Details of the decision					
•	t do you want the board			,	OUD
IF YOU FAIL TO	REQUEST SPECIFICE APPEAL, AS IT F	IC RELIEF, TH	IE BOARD M	UST DENY Y	OUR
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(If additional space is required it must be submitted on 8 X 11 lined paper with appropriate headings)

Purpose of requesting relief (what do you want to do):	
(If additional space is required it must be submitted on 8 X 11 lined paper with appropriate headings)  Grounds for Appeal (explain the grounds for your appeal and why the board should find in favor of your request)	)

(If additional space is required it must be submitted on 8 X 11 lined paper with appropriate headings

# **Designated Representative** (if applicable) Name of Representative: Address of Representative: Telephone #: ( ) \_\_\_\_\_\_ I hereby authorize \_\_\_\_\_\_ to represent my interests before the Zoning Board of Appeals with respect to this Administrative Appeal. Signature of Owner or Equitable Owner I hereby certify under the pains and penalties of perjury that the information contained within this appeal is true and complete. Signature of Applicant Date Signature of Owner (if other than Applicant) Date Date Signature of Equitable Owner (purchase and sales agreement) Town Clerk's Seal Filing Fee Paid: \$ Certified Date/Time: Signature of Town Clerk