



APPLICATION

Petition # _____

Date _____

Fee: \$200 (Paid in full at the time the Application is made; Non-Refundable)

Name of Applicant or Appellant: _____

Name of Property Owner (If Different than Applicant): _____

Mailing Address: _____ Telephone: _____

Property Location: _____

Zoning District: _____

Map-Block-Parcel # _____

Registry of Deeds Title Reference: Book _____, Page _____ -or-

Certificate of Title #: _____ Land Court #: _____ Plan #: _____

Has there been a previous VARIANCE issued for the premises? Yes ____, No ____

If Yes, When? _____, For what? _____

What section of the Zoning Ordinance are you seeking a Variance from?: _____

Nature of Application, Petition, or Appeal (specifics, include any dimensions):

Are any taxes or municipal charges currently due on the property? Yes ____, No ____

(If Yes, all must be paid prior to Application submittal)

Please Note: This petition is not complete until all information is provided.

*Accuracy of the information is the responsibility of the Petitioner.

Signature of the Applicant or Agent for the Owner

Date

Adopted By the Board of Appeals 05/28/2008