

THE STODDARD ZONING BOARD OF ADJUSTMENT
APPLICATION FOR APPEAL

To: Zoning Board of Adjustment

Do not write in this space:

Case # _____

Name of Applicant _____

Address _____

Owner _____

(If same as applicant, write "same")

Location of Property _____

(Street, number, subdivision & lot number)

Note: Fill in Section 1, 2 or 3 (forms follow) as appropriate. This application is not considered unless all required statements have been made. Additional information may be supplied on a separate sheet if the space provided is inadequate.