

**STODDARD, NEW HAMPSHIRE
APPEAL FROM AN ADMINISTRATIVE DECISION**

Do not write in this space.

Case No. _____

Date Filed _____

To: Stoddard Zoning Board of Adjustment

Name of Applicant _____

Address _____

Owner _____

(if same as applicant, write "same")

Location of Property _____

(street, number, sub-division and lot number)

NOTE: This application is not acceptable unless all required statements have been made.
Additional information may be supplied on a separate sheet if the space provided is inadequate.

Appeal from an Administrative Decision

Relating to the interpretation and enforcement of the provisions of the Community Planning Ordinance (zoning).

Decision of the enforcement officer to be reviewed: _____

_____ Number on Permit _____ Date of Decision _____

Community Planning Ordinance in question: _____

Article # _____ Section _____

Applicant _____ Date _____

(Signature)