

APPEAL FROM AN ADMINISTRATIVE DECISION

To: Stoddard Zoning Board of Adjustment
1450 Route 123 North
Stoddard, NH 03464

Do not write in this space. Case No. _____ Date Filed _____ (signed ZBA)

Name of Applicant _____

Address _____

Owner _____

(if same as applicant, write "same")

Location of Property _____

(street, number, sub-division & 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.

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Relating to the interpretation and enforcement of the provisions of the zoning ordinance.

Decision of the enforcement officer to be reviewed _____

_____ Number _____ Date _____

article _____ section _____ of the zoning ordinance in question: _____

Applicant _____ Date _____

(signature)