

APPLICATION FOR VARIANCE OR
APPEAL TO ZONING BOARD OF APPEALS

Date Rec'd _____

Name of Applicant: _____

Map _____ Lot _____ Book _____ Page _____
(Assessor Maps) (Cumberland County)

Mailing Address: _____

Telephone Numbers: Home _____ Office _____
(Please provide at least 2) Cell _____

Email address: _____

Name of Property Owner: _____

Owner(s) Address: _____

SECRETARY WILL PREPARE THE LIST OF ABUTTERS WITHIN 500' OF
THE PROPERTY REQUESTING VARIANCE OR APPEAL.

APPLICANT WILL NOTIFY THE ABUTTERS BY CERTIFIED MAIL,
RETURN RECEIPT REQUESTED NO LATER THAN 10 DAYS BEFORE THE
DATE OF THE MEETING.

The undersigned requests that the Board of Appeals consider
the following: (check appropriate request)

- _____ 1. Administrative Appeal
- _____ 2. Dimensional Variance Appeal
- _____ 3. General Variance

DESCRIBE THE SPECIFIC REQUEST:

ADMINISTRATIVE APPEAL

Relief from the decision, or lack of decision, of the Code Enforcement Officer or Planning Board in regard to an application for a permit. The undersigned believes that:

CHECK ONE AND EXPLAIN IN DETAIL:

_____ An error was made in the denial of the permit.

_____ The denial of the permit was based on a misinterpretation of the ordinance.

_____ There has been a failure to approve or deny the permit within a reasonable period of time.

_____ Other (explain)

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ITS SUPPLEMENT IS TRUE AND CORRECT.

APPLICANT
SIGNATURE _____

DATE _____