



**Application for
Zoning Board of Appeals
Appeal of ZEO Decision**

Fee \$160 (State Fee Included)

Cash / Check#: _____

Date Paid: _____

Received by: _____

Application #

Property Location _____

Map _____ **Block** _____ **Lot** _____ **Zone** _____

Appellant(s) _____ **Phone** _____

Mailing Address _____

Email (required) _____

Property Owner _____ **Phone** _____

Address _____

Email (required) _____

Project ID# _____ **Approval / Denial / Complaint** (circle applicable)

Date Zoning Enforcement Officer's Decision Received: _____

Applicable Section of the Zoning Regulations: _____

Reason for the appeal: _____

Resolve requested: _____

Signature(s): **Appellant(s)** _____ **Date** _____

Owner _____ **Date** _____