

TOWN OF ALEXANDER
APPLICATION TO THE
PLANNING BOARD
Special Use Permit

Appeal Number : _____

Date : _____

OWNER

APPLICANT (If other than owner)

Name : _____
 Address : _____
 Telephone # : _____

Name : _____
 Address : _____
 Telephone # : _____

1. Request to the Planning Board to overturn the Zoning Enforcement Officer's decision to DENY an application for a Zoning Permit;
 Application Number _____ Dated _____
2. Address of Project Site : _____
 Tax Map Number : _____ Zoning District : _____
3. Has a previous appeal been filed pertaining to this parcel ? No
 Yes If yes, list Appeal No. _____ Date _____ Purpose of Request : _____
4. Justification for Request : General Response _____



A more SPECIFIC RESPONSE should accompany this application on separate sheet(s) of paper. Address each of the statements listed on the attached PINK sheet which pertain to your appeal.

The Applicant shall submit with this appeal, appropriate supporting materials including, but not limited to, site plans, elevations, traffic circulation diagrams, neighborhood land use maps and any other material that will assist the Board in making a determination regarding this request.

CERTIFICATION : I hereby certify that I have read and examined this application and supporting attachments and know the same to be true and correct. All provisions of laws and ordinances covering this type of work or use will be complied with whether specified herein or not. The granting of an appeal does not presume to give authority to violate or cancel the provisions of any other state or local ordinance or law regulating construction or performance of construction and/or use.

 Applicant's Signature

 Owner's Signature (if other than applicant)

OFFICE USE ONLY

PROVISIONS of ZONING LAW APPEALED:

1. Article _____ Section _____
 Subsection _____ Paragraph _____
 state reason: _____

FEE COLLECTED : Check # _____

Appeal Fee \$ _____
 Public Hearing Fee \$ _____
TOTAL FEE \$ _____

 Signature - Clerk

 Date