

**TOWN OF ALEXANDER**  
**APPLICATION TO THE**  
**BOARD OF APPEALS**

Appeal Number : \_\_\_\_\_

Date : \_\_\_\_\_

OWNER

APPLICANT (if other than owner)

Name : \_\_\_\_\_

Name : \_\_\_\_\_


Address : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone # : \_\_\_\_\_

Telephone # : \_\_\_\_\_

1. Request to the Board of Appeals to overturn the Zoning Enforcement Officer's decision to DENY  GRANT  an application for a Zoning Permit Application Number \_\_\_\_\_ Dated \_\_\_\_\_.
2. APPLICATION FOR : Use Variance  Other   
 Area Variance   
 Interpretation  Please Specify \_\_\_\_\_
3. Address of Project Site : \_\_\_\_\_  
 Tax Map Number : \_\_\_\_\_ Zoning District : \_\_\_\_\_
4. Has a previous appeal been filed pertaining to this parcel ? No   
 Yes  If yes, list Appeal No. \_\_\_\_\_ Date \_\_\_\_\_ Purpose of Request : \_\_\_\_\_
5. 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 specific 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.

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**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) \_\_\_\_\_

PROVISIONS of ZONING LAW APPEALED:

1.  Article \_\_\_\_\_ Section \_\_\_\_\_  
 Subsection \_\_\_\_\_ Paragraph \_\_\_\_\_  
 state reason; \_\_\_\_\_
2.  Schedule A - state reason; \_\_\_\_\_

**FEE COLLECTED :** Check # \_\_\_\_\_  
 Appeal Fee \$ \_\_\_\_\_  
 Public Hearing Fee \$ \_\_\_\_\_  
 TOTAL FEE \$ \_\_\_\_\_

Signature - Zoning Enforcement Officer \_\_\_\_\_  
 Date \_\_\_\_\_

OFFICE USE ONLY