

**APPEAL OF AN ADMINISTRATIVE DECISION**  
Town of Hill Zoning Board of Adjustment

Do not write in this space: Case No: _____ Date received: _____ ZBA signature _____
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Name of applicant \_\_\_\_\_  
Mail Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Owner of Property \_\_\_\_\_  
Mail Address \_\_\_\_\_  
(if same as applicant, write "same")

Location of property (street address) \_\_\_\_\_  
Tax Map \_\_\_\_\_ Lot \_\_\_\_\_ Sub \_\_\_\_\_  
Zoning District \_\_\_\_\_

**Attach additional pages as necessary**

Relating to the interpretation and enforcement of the provisions of the zoning ordinance.  
Decision of the enforcement officer to be reviewed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach copy of notice of decision denying the application

article \_\_\_\_\_ section \_\_\_\_\_ of the zoning ordinance in question: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_