

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 _____