

Town of Lyndeborough 9 Citizens' Hall Road Lyndeborough, New Hampshire 03082 Tel.: (603) 654-5955 Fax: (603) 654-5777

APPEAL OF ADMINISTRATIVE DECISION

Office Use Only			
Case #:	Date Receiv	/ed:	
Amount Paid: \$	Time Receiv	ved:	
APPLICANT/PROPERTY OWNER INFORMATION			
APPLICANT:		Phone #	
Mailing Address:			
E-Mail Address:			
Mailing Address:			
Phone #	E-Mail Address:		
PROPERTY/PARCEL INF	FORMATION		
Property Address:			
Brief Directions:			
Zoning District:	Tax Map #	Lot(s) #	
Explain why you feel the Administrative Official made an error in applying or interpreting the zoning ordinance in a particular case.			



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SIGNATURE PAGE

THIS SECTION OF THE APPLICATION MUST BE COMPLETED BY ALL APPLICANTS

I, the undersigned Applicant, hereby certify that the information contains complete and accurate, and I acknowledge that I have read and understa	• • • • • • • • • • • • • • • • • • • •		
Signature of Applicant*			
Signature of Property Owner*			
*Both Signatures Required if Different Applicant/Owner			
AUTHORIZATION TO ENTER SUBJECT PROPE	ERTY		
I, and my successors, hereby authorize members of the Lyndeborough ZBA to enter my property for the purpose of evaluating this application, including performing inspections during the application phase, post- approval phase, construction phase and occupancy phase. It is understood that these individuals must use all reasonable care, courtesy, and diligence when on the property.			
Signature of Property Owner	Date		