TOWN OF GREIG ZONING BOARD OF APPEALS APPLICATION FOR APPEAL

(Applications must be received 14 days prior to scheduled meeting to be entered on agenda)

Appeal No_____ Date_____

Applicant's Name_____

Owner of Property (If Different_____

Applicant's Address_____

Applicant's Phone Number_____E-mail_____

The applicant does hereby appeal to the Zoning Board of Appeals from the decision of the Zoning

Enforcement Officer on Application Number_____Dated_____whereby the

Zoning Enforcement Officer ( ) did grant a Zoning Permit ( ) denied a Zoning Permit

Provision of the Greig Zoning Law appealed: Article_____Section_____Page No_____

- Type of appeal ( ) Interpretation ( ) Area Variance ( ) Use Variance

Property Location_____Town of Greig

Tax Map Number_____-_____-_____Zoning District_____

Names of adjoining Property Owners:_____;_____
Use reverse side for additional names if needed.

Purpose of request_____
_____
_____

Justification for request_____
_____
_____
_____

Attach extra sheets as needed for Justification and Purpose. A **scale drawing** indicating septic, water, building location and corner posts for all area variances is required. Survey may be required.

Previous Appeals: Appeal Number_____Dated_____

Applicant's Signature_____Dated_____

Application Fee (see current fee structure) $_____
Received by_____Dated_____

Approved_____Disapproved_____