

APPLICATION FOR AN INTERPRETATION

OFFICE USE ONLY
Application No. I- _____
Date of Appeal: _____ (Postmark or Hand Delivered)
Date of Receipt by Board: _____
Date of Public Hearing: _____
Date of Final Action: _____
Date of Filing of Decision with the Municipal Clerk: _____

Appeal Concerns Property at the following address:

County Tax Map Section: _ _____ Block _____ Lot: _____

The applicant's appeal concerns property (choose one):

_____ Owned by the Applicant or the Applicant as Agent for the Owner

_____ Which is Adjacent to or Nearby Property owned by the Applicant

(Indicate the Tax Map Parcel No. of Such Property _____)

Zoning Officer Decision Being Appealed: _____

Relevant Section(s) of Zoning Code: _____

Date of Zoning Enforcement Officer's Decision: _____

Reason for Appeal: _____

Applicant: _____ Telephone: _____

Mailing Address: _____

Signature: _____ Date: _____