

APPEAL FROM AN ADMINISTRATIVE DECISION

To: Board of Adjustment, Town of Waterville Valley

Name of Applicant:

Applicant Address:

Applicant Phone Number: _____

Applicant E-mail Address: _____

Owner:

(if same as applicant, write "same")

Location of Property:

(street, number, sub-division & lot number)

NOTE: This application is not complete unless all required statements and information have been made and provided.

Additional information and statements may be supplied on a separate sheet of paper if the space provided is inadequate.

An incomplete application may be grounds for denial.

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Relating to the interpretation and enforcement of the provisions of the zoning ordinance.

Decision of the enforcement officer to be reviewed _____

_____ Number _____ Date _____

Article _____ Section _____ of the Zoning Ordinance in question: _____

Do not write in this space.
Case No. _____
Date Filed _____

(signed - ZBA)

Please provide each of the following:

- ☐ A completed Application, signed by the Applicant. If the Applicant is not the owner of the property, you must provide a signed letter of authorization or power of attorney, signed by the owner.
- ☐ A copy of the decision which you believe is in error.
- ☐ A list of abutters. The accuracy of the list is your responsibility.
- ☐ A filing fee of \$200.00. Make your check payable to the Town of Waterville Valley. If you withdraw your Application, or if your Application is denied, you will not receive a refund.
- ☐ A fee equal to the Town's costs in providing notice. This charge will be calculated by the Town and will vary based upon the number of abutters. Make your check payable to the Town of Waterville Valley. Failure to pay this cost shall constitute valid grounds for the board to terminate further consideration and to deny the appeal without a public hearing. If you withdraw your Application, or if your Application is denied, you will not receive a refund.

Applicant _____ Date _____
(signature)