

NOTICE OF APPEAL

Of Building Official, Zoning Enforcement Officer, Administrative Officer to the Planning Board

TOWN OF LINCOLN – BOARD OF APPEALS

Date _____ Application No. _____ District: _____

The undersigned hereby applies to the Zoning Board of Review for a reversal of an administrative decision.

Applicant: _____ Address: _____

Site: Street Address: _____

Assessor's Plat No. _____ Lot No. _____

Owner of site: _____ Address: _____

Lessee: _____ Address: _____

Zoning designation of site: _____

Current use of site: _____

Will you be represented by Legal Counsel? Yes / No

If so, please provide names, addresses and phone numbers for notification purposes: _____

Give lot numbers, names, and mailing addresses of property owners within 200 feet of the lot lines. Applicant is responsible for costs of mailing notification to these owners and to necessary state agencies.

Lot No.	Name	No.	Street	Town (City), State, Zip

- OTHER SIDE MUST BE COMPLETED -

Dimensions of lot: Area: _____ Frontage: _____ Depth: _____

Is there currently a building on the site? _____ Dimensions: _____

Proposed use of site: _____

Name and position of Official making the decision: _____

State reasons(s) given for decision: _____

Date of decision: _____

(Appeal must be taken within 45 days of recording the decision)

State the reason for requesting appeal: _____

Signature of applicant _____ Phone # _____

Print Name _____