## PLAINFIELD ZONING BOARD OF ADJUSTMENT APPLICATION FOR APPEAL

**PLEASE READ:** This form should be completed **after** discussions with the town's zoning administrator about the proposal. If you have not already done so, please contact the zoning administrator (469-3201).

| Applica                     | nt's name:         |               |  |              |   |
|-----------------------------|--------------------|---------------|--|--------------|---|
| Mailing                     | address:           |               |  |              |   |
| Propert                     | y Street address:  |               |  |              |   |
| Tax Ma                      | p / Lot Number:    |               |  |              |   |
| Zoning                      | district:          |               |  |              |   |
| Propert                     | y owner of record: |               |  |              |   |
| Type of appeal (check one): |                    |               |  |              | Variance  |
|                             |                    |               |  |              | Special exception #   |
|                             |                    |               |  |              | Administrative decision   |
|                             |                    |               |  |              |   |
| Applica                     | ınts signature:    |               |  |              |   |
| Required Attachments:       |                    |               | a) applicant signed description of the proposal. |              |   |
|                             |                    |               |  | •            | rior/interior.  |
|                             |                    |               | c) abutt   | er list with | mailing addresses.  |
| Fee:                        | application        |               | \$   |              |   |
|                             | notification       |               | \$   | Total \$_    | _   |
| Hearin                      | g Date:            |               |  |              |   |
| In ordei                    | to be on the meet  | ing agenda fo | or the ab  | ove date, y  | your paid application must be received at the town office no later than |
|                             | y(Z                |               |  |              |   |
|                             |                    | ******        | *****  | ******       | ********************  |
|                             |                    |               |  |              | Office Use  |
| date file                   | ed:                |               |  |              |   |
| case nu                     | mber:              |               |  |              |   |
| attachn                     | nents:             | y/n           |  |              |   |
| fee paic                    | l:                 | y/n           |  |              |   |
| zba.apl<br>02/19/99         |                    |               |  |              |   |