VINALHAVEN BOARD OF APPEALS

APPLICATION FOR AN ADMINISTRATIVE APPEAL

Name of Applicant: __________________________ Phone#: __________________________

Mailing Address: ________________________________

Town: ____________________ State: ____________________ Zip: __________

Name of Owner: ________________ Map: ________________ Lot: ________________

Date Received: ____________ Fee Paid: __________________________

Note to Appellant: For this form to be processed, you must pay a non-refundable $225.00 filing fee and provide proof of standing (right, title, or interest). Return this application, fee, and proof of standing to the Town Manager. You will be contacted by the Board of Appeals (BOA) about a date for a site visit and a hearing date for your appeal.

Administrative Appeal:

Review of an alleged erroneous decision by the Code Enforcement Officer (CEO) or Planning Board (PB). It is the applicant’s contention that the following error was made in a determination by the Code Enforcement Officer or Planning Board. Please be as clear as possible and cite which specific provisions and sections of the Vinalhaven Land Use Ordinance were not followed or misinterpreted. Attach additional sheets if necessary.

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I certify the information contained in this application and its supplement is true and correct.

Appellant: __________________________ Date: ____________