Town of Lyndeborough
9 Citizens' Hall Road
Lyndeborough, New Hampshire 03082
Tel.: (603) 654-5955 Fax: (603) 654-5777

APPEAL OF ADMINISTRATIVE DECISION

Office Use Only

Case #: _____ Date Received: _____

Amount Paid: $ _____ Time Received: _____

APPLICANT/PROPERTY OWNER INFORMATION

APPLICANT: _____ Phone # _____

Mailing Address: _____

E-Mail Address: _____

PROPERTY OWNER (If different from applicant): _____

Mailing Address: _____

Phone # _____ E-Mail Address: _____

PROPERTY/PARCEL INFORMATION

Property Address: _____

Brief Directions: _____

Zoning District: _____ Tax Map # _____ Lot(s) # _____

Explain why you feel the Administrative Official made an error in applying or interpreting the zoning ordinance in a particular case.

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SIGNATURE PAGE

THIS SECTION OF THE APPLICATION MUST BE COMPLETED BY ALL APPLICANTS

I, the undersigned Applicant, hereby certify that the information contained within this Application is complete and accurate, and I acknowledge that I have read and understand the Application Instructions.

_____
Signature of Applicant*

_____
Signature of Property Owner*

*Both Signatures Required if Different Applicant/Owner

AUTHORIZATION TO ENTER SUBJECT PROPERTY

I, and my successors, hereby authorize members of the Lyndeborough ZBA to enter my property for the purpose of evaluating this application, including performing inspections during the application phase, post- approval phase, construction phase and occupancy phase. It is understood that these individuals must use all reasonable care, courtesy, and diligence when on the property.

_____
Signature of Property Owner Date