

Do not write in this space
Case No. _____
Date filed _____
ZBA _____

TOWN OF AUBURN
APPEAL FROM AN ADMINISTRATIVE DECISION

To: Board of Adjustment
Town of Auburn, New Hampshire

Applicant:

Owner(s) of Record:

E-mail Address _____

Mailing Address:

Mailing Address:

Telephone: _____

Telephone: _____

Property Location: Map ____ Lot(s) ____

No & Street: _____

Zoning District _____

NOTE: This application is not acceptable unless all required statements have been made and fees submitted. Additional information may be supplied on a separate sheet if the space provided is inadequate.

Relating to the interpretation and enforcement of the provisions of the zoning ordinance. Decision to be reviewed:

Article _____ Section _____ of the zoning ordinance in question:

Applicant Signature/Date

Owner(s) Signature/Date

