## TOWN OF WAITSFIELD

Please print your name legibly

## APPEAL OF ZONING ADMINISTRATOR'S DECISION

4144 Main Street, Waitsfield, Vermont 05673 802-496-2218; Fax: 802-496-9284 Application #: ..... Date Received: Fee \$60...... (Appeal must be received within 15 days of ZA Decision) Development Review Board Meeting Date(s)..... Decision.... Date..... Appeal of Notice of Violation..... OR Appeal of Permit #..... Date of NOV..... Date of Permit..... Appeal filed by ...... Phone..... Mailing Address..... Original Applicant......Phone.... Mailing Address.... Location of Property (street, number)..... Existing Use & Occupancy.... Relief Requested..... Alleged grounds why such requested relief is believed proper under the circumstances; reason for the appeal: ..... ..... Applicable by-law provision. Attach applicable documentation and any information that will be helpful to the Development Review Board in its decision-making. Signature Phone Date

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