

**GILMANTON ZONING BOARD
of ADJUSTMENT**

**APPEAL FROM AN ADMINISTRATIVE DECISION
RSA 674:33**

To: Zoning Board of Adjustment,

Town of Gilmanton

Do not write in this space.
Case No. _____
Date Filed _____

(signed - ZBA)

Name of Applicant _____

Address _____

Phone# _____ Email _____

Owner _____
(if same as applicant, write "same")

Location of Property _____
(address) (map and lot number)

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

Appeal from an Administrative Decision

Relating to the interpretation and enforcement of the provisions of the zoning ordinance.

Decision of the enforcement officer to be reviewed _____

_____ number _____ date _____

article _____ section _____ of the zoning ordinance in question: _____

Applicant _____ Date _____
(Signature)

Applicant _____ Date _____
(Signature)