

**TOWN OF MOUNT DESERT ZONING BOARD OF APPEALS
ADMINISTRATIVE APPEAL APPLICATION**

Name of Applicant: _____

Mailing Address: _____

Town: _____ State: _____ Zip Code: _____

Phone: _____ email: _____

Name of Owner (if different than applicant): _____

Mailing Address: _____

Town: _____ State: _____ Zip Code: _____

Phone: _____ email: _____

Description of property in question (street number and name)

Zoning _____ Tax Map _____ Lot _____ Sub _____

Registry of Deeds Book _____ Page _____

1. ADMINISTRATIVE APPEAL. Applicant requests relief from the decision, or lack of decision, of the Code Enforcement Officer or Planning Board.

The undersigned believes that (check one):

_____ An error was made in the denial of the permit;

_____ Denial of the permit was based on the misinterpretation of the ordinance;

_____ The permit was not approved or denied within a reasonable period of time;

_____ Other: _____

2. Cite the section of the Town's Ordinance, state or federal law, which is at issue: _____

3. State in concise terms the nature of your disagreement with the decision rendered by the prior hearing authority and the basis for your appeal:

OVER

4. State precisely the remedy to which you feel entitled: _____

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

Date: _____ Appellant/Agent _____

Date: _____ Property Owner _____

Staff Use Only: Received Date: _____

Publishing Fee \$ _____ Appeals Board Number _____

Abutters List:

_____ Map & Lot/Sub	_____ Map & Lot/Sub	_____ Map & Lot/Sub	_____ Map & Lot/Sub
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_____ Map & Lot/Sub	_____ Map & Lot/Sub	_____ Map & Lot/Sub	_____ Map & Lot/Sub
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