

**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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