

TOWN OF BRISTOL – APPEAL FROM AN ADMINISTRATIVE DECISION

Name of applicant _____	
Address _____	
Phone Number of Applicant _____	
Location of property _____	
Tax Map Number _____	Lot Number _____
Zoning District _____	

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

Relating to the interpretation and enforcement of the provisions of the Zoning Ordinance - Decision to be reviewed – (Describe what is being appealed (if Zoning then indicate the Article and Section in space provided):

Article _____ Section _____

Date of Decision being appealed: _____

Applicant Signature

Date

Staff Use Only

Appeal from an Administrative Decision Fees:	
	Amount Received:
Administrative Costs/Application Fee:	_____
Advertising/Posting Costs:	_____
Abutter Notification: _____ X _____ <i>(Number of Abutters times fee for notice)</i>	_____
TOTAL:	_____