

Searsport Board of Appeals Request for Hearing

PLEASE PRINT

Name of Appellant: _____ Phone#: _____

Address of Appellant: _____

Name of Applicant for Original Permit: _____

Address of Applicant for Original Permit: _____

Name of Property Owner: _____

Address of Property under Appeal: _____

Map/Lot: _____ Zone: _____

Please Include:

1. A description of the property including a map (obtainable from the town office) showing lot lines, the location of existing buildings and other physical features pertinent to a request shall be added.
2. Appellant/applicant's description of what is intended to be done.
3. A statement as to why the appeal/application should be granted.
4. If an appeal challenges the issuance of a permit, a description of the permit in question.
5. A concise written statement stating what, if any, variance is requested.
6. If you have questions about this process, this form, or require special accommodations based on disability or language barriers please contact the Board of Appeals Chairman.

Abutters (If more space is needed please use separate sheet and check here) _____

Name	Address	Map#	Lot#

The undersigned requests that the Board of Appeals consider An Administrative Appeal:

Relief from the decision, or lack of decision, of the

Code Enforcement Officer

Planning Board

Board of Selectmen

Shellfish Committee

Any other Town Officer

The undersigned believes that (check all that apply):

An error was made in any order.

An error was made in any requirement.

An error was made in any decision.

An error was made in any determination.

Failure to act.

Other _____

Please explain in detail the facts surrounding this appeal on a separate piece of paper.

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

Date: _____ Signed: _____

(Please Print Name)

A one hundred dollar (\$100) fee must accompany this application to cover the cost of notices and the conducting of the hearing.