

APPEAL FROM AN ADMINISTRATIVE DECISION

To: Board of Adjustment,
Town of Hinsdale

Do not write in this space. Case No. _____ Date Filed _____ _____ (signed - ZBA)
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Name of Applicant

Address

Owner

(if same as applicant, write "same")

Location of Property

(street, number, sub-division & 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.

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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)