



**TOWN OF PLAINFIELD
ZONING BOARD OF APPEALS
APPEAL OF ZONING OFFICER'S
DECISION**

Application# _____
Received by: _____
Date: _____
Hearing Date: _____

For an appeal to be heard by the Zoning Board of Appeals, it must be received at least 18 days prior to the next meeting date. The ZBA meets the first Tuesday of the month at 7:30 p.m. in the Town Hall.

1. Name of Applicant: _____ Telephone: _____
2. Address: _____
3. Name of Property Owner: _____ Telephone: _____
4. Address: _____
5. If applicant is not the owner, what is applicant's interest in the land?:

6. Assessor's Information: Map _____ Block _____ Lot _____
7. Street Address of Property: _____
8. Reason for Appeal (may be on separate sheet of paper):

Signature of Applicant Date

Applicant (PRINT NAME)

Signature of Owner Date

Owner (PRINT NAME)

