

**APPEAL FROM AN ADMINISTRATIVE DECISION**

Do not write in this space.
Case No. _____
Date Filed _____

To: Zoning Board of Adjustment,

City/Town of Brookfield NH

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Owner \_\_\_\_\_

(if same as applicant, write "same")

Location of Property \_\_\_\_\_

(street, number, sub-division and 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.

**Appeal from an Administrative Decision**

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)