



**TOWN OF CHARLOTTE
DEVELOPMENT REVIEW BOARD**
P.O. Box 119, Charlotte, VT 05445
Phone: 802-425-3533 Fax: 802-425-4241

**APPLICATION FOR
APPEAL**

*Applicant must return complete application and all supporting documents to the Planning & Zoning office prior to being scheduled for a public hearing.

Office Use Only

Date Received: _____ Application #: _____
 Date Warning Mailed: _____ Date of Hearing: _____
 Date Warning Published: _____ Date Hearing Closed: _____
 45 Day Deadline: _____ Date Approved: _____

PROPERTY OWNER

Name _____
 Address _____
 Email _____
 Phone _____

APPLICANT/CONTACT PERSON (if other than owner)

Name _____
 Address _____
 Email _____
 Phone _____

Signature of property owner

Signature of applicant
 If applicant is agent for owner, written authorization signed by owner must be filed with application.

Please answer the following, per *Charlotte Land Use Regulations* Section 9.6:

1. What decision or act taken by the administrative officer is being appealed?

2. Address and brief description of the property with respect to which the appeal is taken.

3. List the regulatory provisions applicable to this appeal.

4. What is the relief requested by applicant?

5. What are the alleged grounds why the requested relief is believed proper under the circumstances?

