

**TOWN OF STOCKTON SPRINGS  
ZONING BOARD OF APPEALS  
APPLICATION FOR AN  
ADMINISTRATIVE APPEAL**

**Appeal Number:** \_\_\_\_\_

**Applicant Information (Appellant)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Applicant Representative Information (If Represented)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

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**1. I am filing an administrative appeal of a decision of the following  
Town official:**

Town Code Enforcement Officer: \_\_\_\_\_  
Town of Stockton Springs Planning Board: \_\_\_\_\_

2. Name of Owner of Property Which is the Subject of the Appeal.

Owner Name \_\_\_\_\_

Map# \_\_\_\_\_ Lot# \_\_\_\_\_

Street Address \_\_\_\_\_

Describe Why You Believe You Have 'Standing' to File an Appeal.

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4. Describe in detail the facts surrounding this appeal. What do you think is wrong regarding the decision which you are appealing, and what action do you want the Board of Appeals to take in this matter? You must identify the specific sections of the Ordinances that you believe were interpreted incorrectly. If additional space is needed, please continue on a separate sheet of paper and attach it to this application.

Issue # 1 that is the subject of this appeal: \_\_\_\_\_

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Issue# 2 that is the subject of this appeal: \_\_\_\_\_

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Issue# 3 that is the subject of this appeal: \_\_\_\_\_

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Issue# 4 that is the subject of this appeal: \_\_\_\_\_

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The appellant is responsible for providing a minimum of 7 copies of the following: the completed Board of Appeals form, one of which must have an original signature, the Town Decision document (Permit denial, Findings of Fact, etc), and all accompanying plans and documents that are the subject of this appeal. The Town will provide copies of the respective Ordinances to the Board, and will send the required notice to abutters. The Town also will publish the required public hearing notice, but the appellant is responsible for the cost of this notice.

Attached to this form is a copy of the applicable Ordinances, Zoning, Zoning Board of Appeals.

I hereby certify that the information contained in this application is true to the best of my knowledge.

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Appellant Signature

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Date

