Town of Warren

Application for an

Administrative Appeal

to the Board of Appeals

167 Western Rd. Warren ME 04864

Appellant _____

Mailing Address _____ City/Town _____ State _____

Applicant Phone _____ Zip _____

Owner of Property (subject of appeal) _____

Mailing Address _____ City/Town _____ State _____

Owner Phone _____ Zip _____

for property located on Tax Map _____, known as Lot # _____, with a physical address of _____.

The Application Fee for an appeal is $150.00 (set at 3/3/04 Selectmen's Meeting) and is due at the time of filing the appeal.

Please describe in detail the facts surrounding this appeal, what you think is wrong about the decision which you are appealing, and what action you want the board of appeals to take in this matter. If additional space is needed, please continue on a separate sheet of paper and attach it to this application.

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I certify that the information contained in this application and its supplements is true and correct, to the best of my knowledge and belief.

Date _____ Signature of Appellant _____

Fee paid _____ **Attach a copy of the receipt to this application**.

For Official Use Only

Maintain as a permanent record

Date received _____ Fee Paid _____

Date of Public Hearing _____ Date of Notice in Newspaper _____

Mailed Notices on _____ Date of Notice in Newspaper _____

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