

# Town of Wendell

## PETITION FOR A ZONING APPEAL

To be reviewed by the Wendell Board of Adjustment

Date: _____	Application #: _____
-------------	----------------------

Applicant's Name:	Owner:
Address:	Address:
Telephone:	Telephone:
Legal relationship of applicant to property owner:	

Property Location: _____ <span style="float: right; margin-right: 50px;">Street address</span>		
Pin Number:	Block:	Lot:
Lot size:	Zoning District:	
No. of buildings to remain:	Gross floor area to remain:	
No. of buildings proposed:	Gross floor area of proposed buildings:	
Estimated cost of project:		

I \_\_\_\_\_ hereby appeal to the Board of Adjustment from the following adverse decision of a Zoning Enforcement Officer of the Planning Department:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This adverse decision was made with respect to property described above.

I \_\_\_\_\_ hereby request an interpretation of:

(     )    The Zoning Map

(     )    the following section(s) of the text of the Ordinance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

inssofar as the map and/or the ordinance relate to the use of the property described above.

STATEMENT BY APPELLANT: (In the space provided below, or on an attached sheet labeled 'Attachment A', present your interpretation of the ordinance provisions in question and state what reasons you have for believing your interpretation is the correct one.)

Multiple horizontal lines for writing the statement.

I certify that all the information presented by me in this application is accurate to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature of Applicant

<b>OFFICE USE ONLY</b>	Fee Paid: _____	Date Paid: _____
<b>Board of Adjustment</b>	Date Hearing Scheduled: _____	
Dates Hearing Advertised: (#1): _____ in _____	AND (#2): _____ in _____	
Board of Adjustment Decision: _____	Approval: _____	Denial: _____
Reasons and Conditions: _____		
_____		
_____		
Chairperson of Board of Adjustment Signature	Date	