

ZONING

260 Attachment 4

Town of Lincoln

NOTICE OF APPEAL
TOWN OF LINCOLN – ZONING BOARD OF REVIEW

Date _____ Application No. _____

The undersigned hereby applies to the Zoning Board of Review for a reversal of an administrative decision.

Applicant: _____ Address: _____

Site: Street Address: _____

Assessor's Plat No. _____ Lot No. _____

Owner of Site: _____ Address: _____

Lessee: _____ Address: _____

Zoning designation of site: _____

Proposed use for site: _____

Will you be represented by legal counsel? Yes / No

If so, please provide names and addresses for notification purposes: _____

Give lot numbers, names, and mailing addresses of property owners within 200 feet of the lot lines. Applicant is responsible for costs of mailing notification to these owners and to necessary state agencies.

Lot No.	Name	No.	Street	Town (City), State, Zip

- OTHER SIDE MUST BE COMPLETED -

LINCOLN CODE

Dimensions of lot: Area: _____ Frontage: _____

Depth: _____

Is there currently a building on the site? _____ Dimensions: _____

Current use of site: _____

Name and position of person, board, or commission making the decision: _____

State reasons(s) given for decision: _____

Date of decision: _____

(Appeal must be taken within 20 days of recording the decision)

State the reason for requesting appeal: _____

Signature of applicant _____ Phone No.: _____

Print Name _____

Signature of owner (if different from applicant) _____

Print Name _____