

APPLICATION FOR APPEAL

To: Board of Adjustment
Town of New Boston

Do not write in this space.
Case No. _____
Date Filed _____

(signed, clerk)

Name of applicant _____

Address _____

Owner _____
(if same as applicant, write "same")

Location of property _____
(street name, street number, map and lot number)

NOTE: Fill in Section 1, 2, 3, or 4 as appropriate.

Do not fill out more than one section.

This application is not acceptable unless all required statements have been made.

Additional information may be supplied on a separate sheet if space provided is inadequate.