

TOWN OF PARSONSFIELD  
APPLICATION FOR AN ADMINISTRATIVE APPEAL  
TO ZONING BOARD OF APPEALS

Name of Appellant \_\_\_\_\_

Mailing Address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Map/Lot \_\_\_\_\_

email \_\_\_\_\_

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

The undersigned requests that the Board of Appeals Consider this Administrative Appeal:

Relief from the decision, or lack of decision, of the Code Enforcement Officer or Planning Board in regard to an application for a permit. The undersigned believes that (check one):

- ☐ An error was made in the denial of the permit
  - ☐ The denial of the permit was based on a misinterpretation of the ordinance.
  - ☐ There has been a failure to approve or deny the permit within a reasonable period of time.
  - ☐ Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please explain in more details the facts surrounding this appeal (please attach a separate piece of paper.) You should be as specific as possible so that the Board of Appeals can give full consideration to your case.

Application for an administrative appeal shall be filed with the **Town Clerk**, who shall notify the Chairman of Board of Appeals. A \$100 Application Fee and \$150 Escrow Fee **MUST** be paid with this application. Additional funds may be required to complete the processing of this appeal.

I certify that the information contained in this application and its supplement is true and correct.

Date: \_\_\_\_\_

Appellant Signature: \_\_\_\_\_

**You will be contacted by the Chairman of the Appeals Board to schedule your hearing.**