

Appeal NO. _____

Date _____

TOWN OF FARMINGTON

Zoning Board of Appeals

1. Applicant

2. Owner

name

name

address

address

city/state/zip

city/state/zip

phone

phone

3. Property location: _____
Tax Map number: _____

4. Brief Description of Project: __Letter of Intent __ (on separate sheet explain hardship, practical difficulties) _____

5. Application for the above project has been denied by the Town of Farmington Zoning Officer on this day _____

Code Enforcement Officer

6. Appeal:
Due to the above decision of the Zoning Officer, the applicant, as noted, request that the Town of Farmington Zoning Board of Appeals, at it's meeting, hear an appeal of this decision. (Meeting Date _____)

7. General Property Information:

Lot size _____ Zoning District _____

Zoning District of Adjacent Property _____

8. Applicable Zoning Code Section: _____

9. Type of Action Requested (Check One)

Area Variance _____ Other _____

Use Variance _____ Conditional Use _____ Temporary Use Permit _____

Applicant Signature