

TOWN OF ATKINSON
APPLICATION FOR APPEAL

Property Address _____ Map _____ Lot _____

APPLICANT:

Name _____

Address _____

Phone _____ Email _____

(If the Owner is the same as Applicant, write "same" below. If the applicant is NOT the owner of record as recorded at the Rockingham County Registry of Deeds, an agent authorization form must be filled out or the application is NOT complete and cannot be accepted)

OWNER:

Name _____

Address _____

Phone _____ Email _____

Agent Authorization Form: YES NO N/A
(circle one)

Signatures:

Applicant _____ Date _____

Owner _____ Date _____

Do Not Write Below This Line:

<p>Application Rec'd -</p> <p>Date: _____</p> <p>Time: _____</p> <p>Hearing #: _____</p>
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**TOWN OF ATKINSON
APPLICATION FOR APPEAL**

Property Address _____ Map _____ Lot _____

NOTE:

Complete ONLY the form that corresponds to the type of appeal (s) you are requesting. You

Check Type of Appeal & complete applicable form

_____ **FORM A: Section 1. Appeal From An Administrative Decision - Zoning**

_____ **FORM B: Section 2. Application for a Special Exception**

_____ **FORM C: Section 3. Application for Variance**

_____ **FORM D: Section 4. Application for Equitable Waiver of Dimensional Requirements**

ALL Applications must ALSO include:

_____ **FORM E: Names and Addresses of Abutters**

(The cost of notice, whether mailed, posted or published shall

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

**APPLICATION MUST BE FILED 15 DAYS PRIOR TO THE MONTHLY MEETING AT
Contact the Zoning Board Clerk for exact cut-off date.**