

**TOWN OF ATKINSON
APPLICATION FOR APPEAL**

Property Address _____ Map _____ Lot _____

FORM A: Section 1. APPEAL FROM AN ADMINISTRATIVE DECISION - ZONING

Relating to the interpretation and enforcement of the provisions of the Zoning Ordinance.

Name of Enforcement Officer: _____

Date of Decision: _____

**(Appeals from an administrative decision taken under RSA 676:5 MUST
be filed within 30 days of the date of the decision.)**

Decision of the enforcement officer to be reviewed:

(Attach a copy of the decision being appealed to the application.)

Zoning Ordinance(s) in question:

Article(s): _____

Section(s): _____

Provide a complete and detailed explanation for the basis of your appeal:

