

The City of Berlin Code Enforcement **Building Inspector** 168 Main Street, Berlin, NH 03570

603-752-1630 Fax: 603-752-2620

Zoning Board of Adjustment, Berlin, NH

APPEAL FROM AN ADMINISTRATIVE DECISION

Applicant: Case #: Applicant's Mailing Address: Plans: Fee: Paid: Public Hearing Date: Public Hearing Date: Public Hearing Date: Public Hearing Date: Telephone: Appeal: Action: Appeal: Action: Telephone: Decision: Map#: Concerned Location of property: Map#: Lot#: Zone: Are you the owner of the property: Other Concerned parties (such as property owner): Phone: NOTE: This application is not acceptable unless all required statements have been made. Additional information may be supplied on a separate sheet if the space provided is inadequate. Relating to the interpretation and enforcement of the provisions of the zoning ordinance. Decision of the enforcement officer to be reviewed	A 1.			(For Municipal Use Only)			
Applicant's Mailing Address: Plans: Fee: Paid:	Applicant: _			Case $\#$:			
Public Hearing Date:	A 1° /2	N <i>T</i> '1' A 11					
	Applicant's	Mailing Address:					
Telephone:				Decision:		· · · · · · · · · · · · · · · · · · ·	
Telephone: Decision: Map#: Lot#: Are you the owner of the property:				••			
Map#: Lot#: Zone: Location of property:							
Location of property:	Telephone:			Decision: _			
Are you the owner of the property:				Map#:	Lot#:	Zone:	
Are you the owner of the property:							
Are you the owner of the property:	Location of	property:					
Address: Phone: NOTE: This application is not acceptable unless all required statements have been made. Additional information may be supplied on a separate sheet if the space provided is inadequate. Relating to the interpretation and enforcement of the provisions of the zoning ordinance. Decision of the enforcement officer to be reviewed	Are you the	owner of the proper	ty:				
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Article Section of the zoning ordinance in question: Signed: (Applicant) (Owner)		-				-	
Signed: (Applicant) (Owner)	Decision of	the enforcement offi	cer to be reviewed	l			
Signed: (Applicant) (Owner)							
Signed: (Applicant) (Owner)	Article	Section	of the zoning of	ordinance in o	uestion:		
(Applicant) (Owner)			01 010 2011118 0				
(Applicant) (Owner)							
	Signed:						
	Date signed				(Owner)		

Please return completed form with \$50.00 (payable to the City of Berlin) to: Zoning Officer, City of Berlin, 168 Main Street, Berlin, NH 03570

Note: All forms must be completely filled out and signed before they will be accepted. Completed forms must be returned to the Zoning Officer no later than thirteen (13) calendar days prior to the Board's scheduled meeting in order to be considered at that meeting. The applicant or their representative is requested to attend the public hearing held on the above request. If the applicant or his agent does not appear before the Board as scheduled, a second meeting will be arranged at the applicant's request and the application fee will again be charged. If you have any questions, please contact the Zoning Officer at 603-752-1630.