

APPLICATION OF APPEAL

DATE: _____

The Town of Anson Code of Enforcement, a notice of appeal must be received by the Town Clerk within 30 days of notice given by the official rendering the decision.

Applicant Name: _____

Applicant Address: _____

Telephone/email: _____

Official or Board Decision being appealed: Circle one

 Planning Board Board of Selectmen Board of Assessors

 Administrative Assistant Code Enforcement Officer Other

If the application is for a variance please state the reason why the current regulation(s) creates an undue burden.

If the application is to appeal a decision by an Official or board please state why the decision was either unsubstantiated by substantial evidence, rendered in bat faith, or in violation of applicable law.

(If more space is needed please attach a separate sheet)

(Applicant Signature)