

Town of / Municipalité de Fort Kent

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ADMINISTRATIVE APPEAL

APPLICATION FOR HEARING BEFORE THE ZONING BOARD OF APPEALS (A fee of \$65.00 payable upon filing of this application.)

Date:				
Name of Appellant:				
Mailing Address:S	Street	City/Town	State	—— Zip Code
Telephone Number:				-
Name of Owner (if diff	erent than Ap	ppellant):		

Section 13.4 A.1 Appeal Procedure – Making an Appeal. An appeal may be taken to the Board of Appeals by an aggrieved person from any decision of the Code Enforcement Officer or Planning Board. Such Appeal shall be taken within thirty (30) days of the decision appealed from, and not otherwise, except that the Board, upon a showing of good cause, may waive the thirty (30) day requirement.

Section 13.4A.2 Appeal Procedure- Making an Appeal. Such appeal shall be made by filing with the Board of Appeals a written notice of appeal, specifying the grounds for such appeal.

The undersigned/appellant requests that the Board of Appeals consider one of the following: An Administrative Appeal. Relief from the decision, or lack of decision, of the Code Enforcement Officer or Planning Board in regard to an application for a permit. The undersigned/appellant believes that (check one): an error was made in denial of the permit. the denial of the permit was based on a misinterpretation of ordinance. there has been a failure to approve or deny the permit within a reasonable period of time. Other Please explain in more detail the facts surrounding this appeal (please attach a separate piece of paper). You should be as specific as possible so that the Board of Appeals can give full consideration to your case. If applicable, please attach a copy of the written decision of the Code Enforcement Officer or Planning Board to this application. I certify that the information contained in this application and its supplement is true and correct. I agree to pay a fee of \$65.00 payable upon filing of this application. I also agree to be present at the meeting to present my case. In the even of an unexcused failure to appear, I agree to

pay another \$65.00 to have meeting rescheduled.

Appellant

Date