## TOWN OF BARNSTEAD ZONING BOARD OF ADJUSTMENT P.O. BOX 11

## CENTER BARNSTEAD, NH 03225 603-269-4071

APPLICATION FOR APPEAL	FOR OFFICIAL USE ONLY
X Administrative DecisionSpecial ExceptionVarianceEquitable Waiver	Case Number Date Received Date of Hearing
Owner of Property: Mailing Address:	
Telephone Number: Home	Other:
E-Mail Address:	
Location of property	
MapLotZoning Distr	rict
· · ·	
Details of Request: (describe the project yo	u are seeking approval for)
Name of Applicant/Representative:	
Mailing Address:	(if same as applicant, write "same")
	Other:
E Mail Address	

## APPLICATION FOR APPEAL: CODE ADMINISTRATOR'S DECISION/INTERPRETATION

The undersigned alleges that an error has b	een made in the interpre	etation and/or administration
of the provisions of the Zoning Ordinance	as follows: Article	, Section
Decision dated		
rendered by		
rendered to	(appellant	<del>(</del> ).
ADMINISTRATOR'S DECISION OR I of decision being appealed must be attac		BEING APPEALED (copy
APPELLANT'S REQUESTED DECISI	ON OR INTERPRETA	ATION:
Signature:		
Printed:		
Date:		