Town of West Turin Zoning Board of Appeals
Application for Appeal (Area Variance)

APPEAL NO. _____ DATE _____20____ **APPLICATION FEE: $300.00**

TO: Chairman, West Turin Zoning Board of Appeals

I (we) _____ of _____,
(Name of Applicant) (Mailing Address of Applicant)

Telephone Number _____ Email Address _____

hereby appeal to the West Turin Zoning Board of Appeals from the decision of the Enforcement Officer an application for Zoning Permit No. _____, dated _____, 20____ whereby the Enforcement Officer did deny the Zoning Permit. Date of Denial: _____

1. Address of property being appealed: _____
2. Lewis County Tax Map; Section: _____ Block: _____ Lot: _____
3. Zoning District Classification: _____
4. If property if not owned by the applicant, the applicant must submit a statement by the property owner authorizing the applicant to appeal on his/her behalf.
5. Provision of the Town of West Turin Zoning Law appealed. Indicate the part of the law being appealed: Article _____, Section _____, Page No. _____
   (See Town Clerk or Enforcement Officer for assistance)
6. Previous appeal has _____ has not _____ been made on the Enforcement Officers decision on this property. Appeal No. _____, Dated _____.
7. State reason(s) for appeal: _____

   _____

   _____

   _____

   _____

To complete your application you must submit a completed Zoning Board of Appeals Area Variance Application, remit the town fee to the Town Clerk, attached the denied West Turin Land Use Permit, Letter of Zoning Referral and Letter of Denial from the Zoning Enforcement Officer to the Town Clerk of West Turin. You may also submit any information that you would like the Zoning Board of Appeals to have to help the board hear your case. (Please note: these items will not be returned)

_____ _____
Signature Date