Fee $75

Town of Gray
Application for Administrative Appeal
To Zoning Board of Appeals

1. Name of Applicant _____

2. Mailing Address _____

3. Telephone _____

4. Name of Owner of Property which is subject to Appeal _____

5. Please describe in detail the facts surrounding this appeal, what you think is wrong about the decision which you are appealing, and what action you want the board of appeals to take in this matter. If additional space is needed, please continue on a separate sheet of paper and attach it to this application.

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I certify that the information contained in this application is true to the best of my knowledge and belief.

Date _____ _____

Signature of Appellant