

APPLICATION FOR ADMINISTRATIVE APPEAL ZONING BOARD OF APPEALS TOWN OF GRAY MAINE

For Office Use Only				
Date Submitted:				
Date Paid/Initials:				
Amount Paid:				

CONTACT INFORMATION				
Name		E-Mail Address		
Street Address		City/State/Zip		
Phone Number		Work Phone		
Name of owner	on property which is subject to appeal:			
APPEAL				
Please describe in detail the facts surrounding this appeal, what you think is wrong about the decision which you are appealing, and what actions 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.				
CERTIFICATION				
I certify that the information contained in this application is true to the best of my knowledge and belief.				
Applicant Signa	ature		Date	