

## APPEAL FROM AN ADMINISTRATIVE DECISION

To: Zoning Board of Adjustment,  
Town of Jackson

Do not write in this space.
Case No. _____
Date Filed _____
_____
(signed - ZBA)

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Owner \_\_\_\_\_  
(if same as applicant, write "same")

Location of Property \_\_\_\_\_  
(street, number, sub-division and lot number)

NOTE: This application is not acceptable unless all required statements have been made.  
Additional information may be supplied on a separate sheet if the space provided is inadequate.

### Appeal from an Administrative Decision

Relating to the interpretation and enforcement of the provisions of the zoning ordinance.

Decision of the enforcement officer to be reviewed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ number \_\_\_\_\_ date \_\_\_\_\_

article \_\_\_\_\_ section \_\_\_\_\_ of the zoning ordinance in question: \_\_\_\_\_

\_\_\_\_\_ <insert argument supporting appeal here> \_\_\_\_\_

\_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)