

ZONING BOARD OF ADJUSTMENT
Town of Salem, New Hampshire

REHEARING APPLICATION

Name of Appealing Party: _____ **Tele #:** _____

Address of Appealing Party: _____

Status of Appealing Party: (Circle one) **Owner/Applicant** **Applicant** **Abutter**

Address of Property: _____

Owner of Property: _____ **Tele #:** _____

If same as above, write same.

Address of Owner: _____

If same as above, write same.

Location of Property: **Map #:** _____ **Lot #:** _____

Zoning Classification: _____

On _____, 20__, **the Board of Adjustment considered an application for a**
(Month / Day)

_____ **brought by** _____
(type of petition) (Name of Applicant)

for property located at _____
(property address)

On _____, 20__, **the Board of Adjustment voted to** _____
(Month / Day) (Grant or Deny)

the application.

The action of the Board of Adjustment was unlawful and unreasonable, and it is respectfully requested that the Board grant a rehearing on this matter for the following reasons. (Use additional sheets if necessary)

The undersigned acknowledge that to the best of their knowledge all of the above information is true and correct.

Signature of Appealing Party

Date

FOR MUNICIPAL USE ONLY

Case #: _____

Date filed: _____

(Must be 30 days or less from dated of decision)

Fee \$: _____

Check #: _____

Building Department Signature: _____