



Benton Board of Appeals Application

Applicant's Name: _____ Tax Map # _____ Lot # _____

Property owner's name (If different) _____

Mailing Address

Physical Address (if different)

Telephone (H) _____ (C) _____ (W) _____

Email Address: _____

Type of Appeal: (check one)

Applicable Ordinance (check all that apply)

_____ Administrative*

_____ Land Use

_____ Variance Request

_____ Shoreland Zoning Ordinance

*If Administrative, what decision making authority is being appealed?

_____ Other _____

_____ Code Enforcement Officer

_____ Planning Board

_____ Other

For Administrative Appeals:

This application is for a decision or lack of decision by the above party because the applicant believes:

_____ An error was made in the denial of a permit

_____ Denial of a permit was based on a misinterpretation of an ordinance

_____ There is a failure to approve or deny a permit within a reasonable period of time

_____ Other (please state reason)

For Variance Requests:

Please describe the nature of the variance you are requesting:

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Please explain how your situation meets each of the following criteria: (you may attach additional pages)

- The land in question cannot yield a reasonable return unless the variance is granted.

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- The need for a variance is due to the unique circumstances of the property and not to the general conditions of the neighborhood.

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- The granting of a variance will not alter the essential character of the locality.

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- The hardship is not the result of action taken by the appellant or a prior owner.

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I certify the information contained in this application and any supplements is true and correct.

Date: _____ Signature: _____

(**Application fee is \$50.00**, payable to the Town of Benton. Other fees may be charged for copying of materials for presentation, and filing of Registry of Deeds.)

For town staff/Appeals Board Use Only – Paid by: _____Cash _____Check			
Dated Rec'd By:		Date Sent to Appeals Board By:	
Initial Hearing Date		Date of abutter notification By:	
Public Hearing Notices mailed by:		Newspaper Ad Date(s) By:	
_____Appeal Approved (Date)		_____Appeal Denied (Date)	