



# Zoning Board of Appeals

175 CENTRAL STREET

EAST BRIDGEWATER, MASSACHUSETTS

TEL: (508) 378-1608 FAX: (508) 378-1628

## APPLICATION FOR APPEAL FORM 2

To the Zoning Board of Appeals of the Town of East Bridgewater:

I, the undersigned applicant hereby appeal the written decision of the Building Inspector/Zoning Enforcement Officer dated \_\_\_\_\_ to the Zoning Board of Appeals.

### 1. THE APPLICANT

Name of Appellant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### 2. THE PROPERTY

2(a) - Address (or other description) of PROPERTY to which this appeal relates: \_\_\_\_\_

2(b) - Name & Address of Property Owner: \_\_\_\_\_

2(c) - The PROPERTY is located in a \_\_\_\_\_ District under the Zoning By-Law entitled: \_\_\_\_\_

### 3. THE APPEAL

3(a) - Set forth the grounds of your appeal, that is, why you believe that the Building Inspector/Zoning Enforcement Officer incorrectly interpreted the Zoning By-Law or otherwise made an incorrect decision: \_\_\_\_\_

3(b) - State what section or sections of the Zoning By-Law you believe the Board of Appeals should apply in this case: \_\_\_\_\_

Kindly submit all documents submitted with your original request to the Building Inspector/Zoning Enforcement Officer with this application.

The information contained in this application is true to the best of my knowledge and belief and I hereby apply for the relief sought in this application.

Date Submitted: \_\_\_\_\_

Applicant's Signature or the Signature of his duly authorized Attorney. \_\_\_\_\_