



**BOARD of ADJUSTMENT
Town of Hollis**

Seven Monument Square
Hollis, New Hampshire 03049
Tel. 465-2209 FAX 465-3701

Date Submitted _____

ZBA Case # _____

Hearing Date _____

APPLICATION FOR AN APPEAL FROM AN ADMINISTRATIVE DECISION

Property Location _____

Map _____ Lot _____ Acres _____ Zone _____

Name of Applicant _____ Telephone _____

Address _____

Name of Owner _____ Telephone _____

Address _____

Required Information: Application shall include: scale drawing showing; plot plan, boundaries, dimensions, abutters, adjacent roads, and rights of way, location of buildings, well, septic system, photos (when applicable) and floor plans (when applicable).

Please list all abutters (use additional sheet if needed)

Owner: _____ Address: _____

Owner: _____ Address: _____

Owner: _____ Address: _____

Owner: _____ Address: _____

Owner: _____ Address: _____

Owner: _____ Address: _____

Owner: _____ Address: _____

Appeal from an Administrative Decision

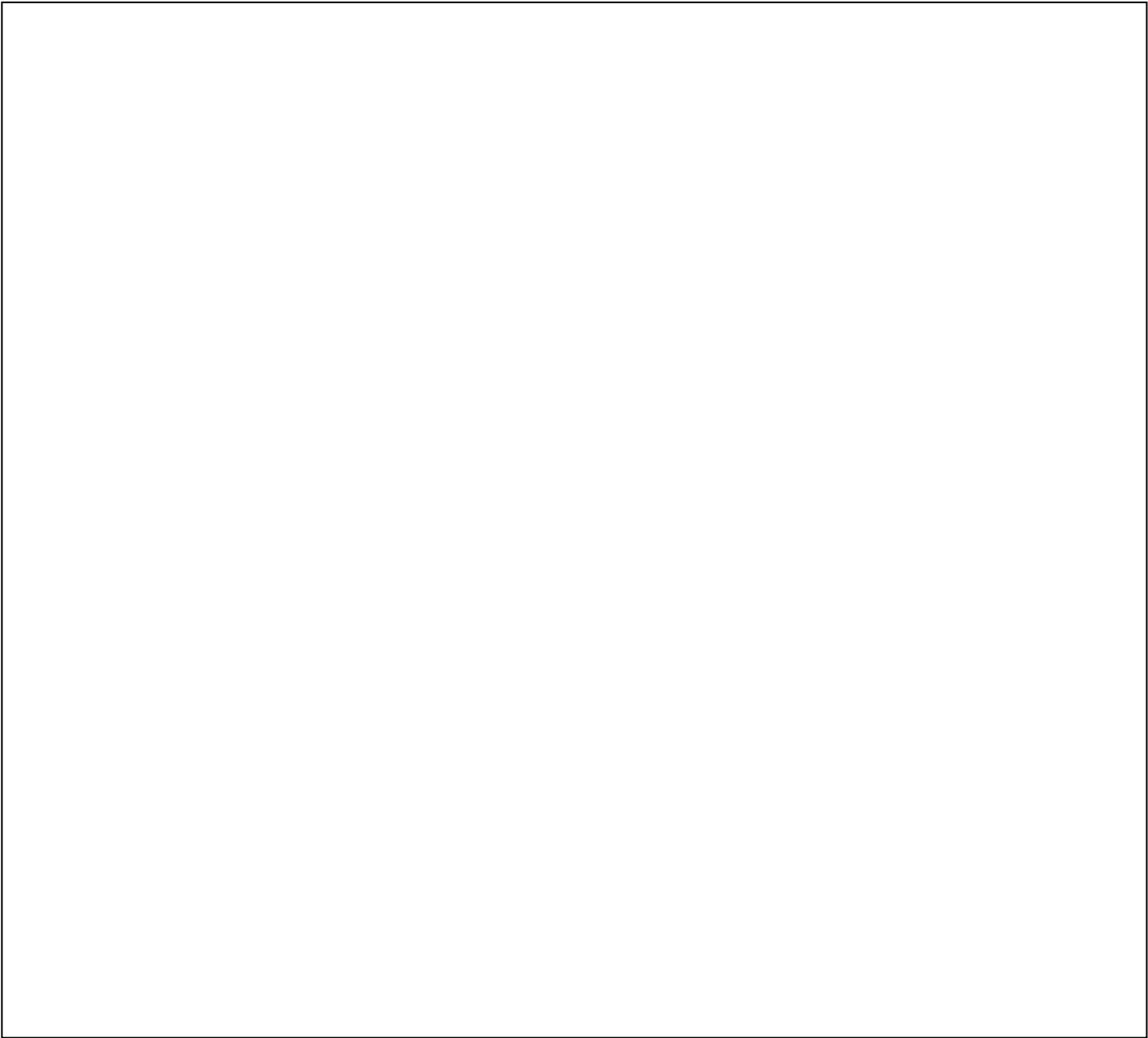
The Undersigned alleges that an error has been made by _____

on (date) _____ to (person requesting permit) _____

in relation to Section _____

Paragraph _____ of the Zoning Ordinance of the Town of Hollis and hereby
appeals said decision.

Please describe error:



Signed: _____ Date: _____
(Owner of Property)

The Hollis Zoning Board of Adjustment may conduct an on-site inspection of the property under consideration.

Signed: _____ Date: _____
(Owner of Property)