

Tax Map _____ Lot # _____
Zoning District _____
Date Filed at TOPAZ _____

**TOWN OF NEWPORT
ZONING BOARD OF ADJUSTMENT
ADMINISTRATIVE DECISION APPEAL**

Fee _____
Date Paid _____
Check # _____

CASE # _____

- A. Name of Appellant _____ Address _____
Telephone # _____
- B. Name of Property Owner _____ Address _____
Telephone # _____
- C. Property Address _____
- D. Name of Agent (if applicable) _____ Address _____
Telephone # _____

E. APPEAL FROM AN ADMINISTRATIVE DECISION

The undersigned alleges that on _____
(date)

the Building Inspector/Zoning Administrator/Planning Director/ _____
(Circle one) (Other)

made an error in the decision rendered in regard to the application of _____
for (Name)

a _____ permit in relation to Article _____, Section _____ of the
(Type Of)

Zoning Ordinance/BOCA Code/Fire Code/ _____ and hereby appeals that decision.
(Circle One) (Other)

The appellant specifically alleges that _____
(Describe Basis Of Appeal)

Signature of Appellant

Date