Town of Warren
Zoning Board of Appeals
Administrative Appeal

**Applicant** (includes equitable owner or buyer on a purchase and sales agreement)

Name: _______________________________________________________________________
Address: _____________________________________________________________________
Telephone #: (    ) ________________

**Owner** (if other than applicant)

Name: _______________________________________________________________________
Address: _____________________________________________________________________
Telephone #: (    ) ________________

**Site Information**

The land that is the subject matter of this appeal is located on

Map # ________________, Lot # ________________, of the Assessor’s records and has an
address of ____________________________________________________________________.

Worcester County Registry of Deeds recording information:

Book # ________________  Page # ________________________
Plan Recording # ______________________

Zoning District in which the property is located: ________________________________

Page 1 of 4
Administrative Appeal Requested

YOU MUST ATTACH A COPY OF THE DECISION YOU ARE APPEALING

This administrative appeal is based on a decision by ____________________________________________________

dated ____________________________________

Details of the decision you are appealing:
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Relief requested (what do you want the board to do, e.g., reverse the decision being appealed):

IF YOU FAIL TO REQUEST SPECIFIC RELIEF, THE BOARD MUST DENY YOUR ADMINISTRATIVE APPEAL, AS IT HAS NOTHING UPON WHICH TO ACT.

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

(If additional space is required it must be submitted on 8 X 11 lined paper with appropriate headings)
Purpose of requesting relief (what do you want to do):

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

(If additional space is required it must be submitted on 8 X 11 lined paper with appropriate headings)

Grounds for Appeal (explain the grounds for your appeal and why the board should find in favor of your request)

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

(If additional space is required it must be submitted on 8 X 11 lined paper with appropriate headings)
**Designated Representative (if applicable)**

Name of Representative: ________________________________________________________________

Address of Representative: _____________________________________________________________

Telephone #: (    ) _____________________________

I hereby authorize ___________________________________________ to represent my interests before the Zoning Board of Appeals with respect to this Administrative Appeal.

________________________________
Signature of Owner or Equitable Owner

**I hereby certify under the pains and penalties of perjury that the information contained within this appeal is true and complete.**

_____________________________ ___________________________
Signature of Applicant      Date

_____________________________ ___________________________
Signature of Owner (if other than Applicant)      Date

_____________________________ ___________________________
Signature of Equitable Owner (purchase and sales agreement)      Date

_____________________________ ___________________________
Town Clerk’s Seal      Filing Fee Paid: $ _____________________

Certified Date/Time:

_____________________________ ___________________________
Signature of Town Clerk

Page 4 of 4