



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: _____

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