



Madawaska Board of Appeals ADMINISTRATIVE APPEAL APPLICATION

A **COMPLETE APPLICATION**, as determined by the Board of Appeals, is required at time of submittal. Application forms Can be obtained from the Madawaska Town Office during normal business hours or from the Code Enforcement Office.

DEADLINE FOR SUBMITTALS - The completed application form and payment must be filed with the Madawaska Town Manager within thirty (30) days after receipt of a written decision from the Code Enforcement Office.

Completed application form **Information that may be required to facilitate review** **Fee: \$250**

NATURE OF APPEAL:

Applicant:			
Location Address:	Map	Lot	Account:
DATE OF DECISION OR OTHER ACTION:			

Administrative Appeal (Ordinance Chapter 1, Section 5, B. Powers and Duties, 1) Administrative Appeals: To hear and decide where it is alleged there is an error in any order, requirement, decision or determination made by the Code Enforcement Office in the enforcement of this Code. The action fo the Code Enforcement Officer may be modified or reversed by the Board of Appeals by majority vote of those present and voting. Inno case will any affirmative vote carry without at least three (3) members voting in the affirmative.

Once application is received by the Town Manager, the Town Manager or the Code Enforcement Officer will notify forthwith the Board and Planning Board and order for hearing at the next called meeting of the Board of Appeals following by at least (10) days mailing of notices but within thirty (30) days of receipt of application and fee.

APPELLANT INFORMATION:

**Please attest that you have standing to appeal the project. This means that you are: 1) a resident of the Town of Madawaska; 2) a person having an interest in real property in the Town of Madawaska; and/or 3) a person with an interest in representing the applicant.*

NAME of Applicant or Legal Council:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:

Please initial all that apply:

_____ I HAVE ATTACHED ALL NECESSARY DOCUMENTATION TO THIS APPLICATION SUPPORTING MY APPEAL.

_____ I UNDERSTAND THAT I MAY BE ASKED TO PRODUCE OTHER DOCUMENTATION (either written or electronic).

MAP _____ LOT _____ STREET ADDRESS _____

APPLICATION INFORMATION:

PROPERTY OWNER:		
PROPERTY ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:

APPEAL JUSTIFICATION:

State specifically the nature of the appeal.

You must state specifically your objection(s) to the decision or other action, stating whether you believe there was an abuse of discretion and/or whether you believe the decision or other action was not supported by the evidence. You must include any information that supports your contentions to facilitate review. Please fill out all boxes below.

1. State the basis of your appeal (abuse of discretion, lack of evidence, etc.): (Required)

2. Identify the decision or action you believe was in error: (Required)

3. State the information that supports your appeal (e.g., evidence of record that does not support the decision, findings, etc.):

I _____, _____ certify that I have standing to appeal the decision. (Name of Appellants)

Dated this _____ day of _____, 20_____

Please only sign in front of Notary (Your Signature(s))

Please only sign in front of Notary (Your Signature(s))

Notary Public

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public for State of _____ My commission expires:

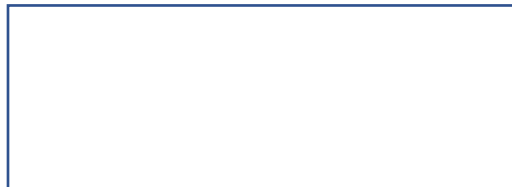


SEAL

Signature: _____

*****FOR OFFICE USE ONLY*****

Date Application Received by this Office:



Public Hearing Date: _____

Board of Appeals Meeting Date: _____

Voting Record of Board of Appeals (signatures):

Chairperson: _____

BOA Member: _____

BOA Member: _____

BOA Member: _____

BOA Member: _____

Recording Secretary: _____

Date of Final Decision: _____