

Date: _____	Application #: _____
Fees Paid: _____	+ \$15 recording fee = _____
Parcel ID #: _____	
Tax Map #: _____	

**TOWN OF WATERBURY  
NOTICE OF APPEAL**

All information requested below must be completed in full. Failure to provide the requested information on this notice will result in rejection of your application and delay in the review of the appeal before the Development Review Board.

**APPELLANT CONTACT INFORMATION & PROPERTY DESCRIPTION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address of property at issue in this appeal: \_\_\_\_\_

Brief description of property at issue in this appeal: \_\_\_\_\_

**NATURE OF APPEAL**

What action of the administrative officer are you appealing? \_\_\_\_\_

What provisions of the land development regulations are applicable to this appeal, if any? \_\_\_\_\_

What relief do you want the Development Review Board to grant? \_\_\_\_\_

Why do you believe that the relief requested (as in your response above) is proper under the circumstances? \_\_\_\_\_

I understand:

- the presentation procedures required by State Law (§4468 of the Planning & Development Act);
- that the Development Review Board holds regular meetings twice a month;
- that a legal advertisement must appear a minimum of fifteen (15) days prior to the hearing on my appeal;
- I agree to pay the required fee to offset the cost of the hearing on my appeal.

**SIGNATURE** I hereby certify that all the information requested as part of this notice of appeal has been submitted and is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Appellant(s) Date

**Note:** Notification of Adjoining Property Owners- Notification of adjoining property owners, in accordance with 24 V.S.A. § 4464(a) and Section 307 of the Waterbury Zoning Regulations, is the responsibility of the appellant. After deeming a request complete the Administrative Officer will provide the appellant with a draft meeting agenda or public hearing notice and sample certificate of service. The sworn certificate of service shall be returned to the Town prior to the start of any public hearing.

**OFFICE USE ONLY**

Zoning District/Overlay: \_\_\_\_\_

Review type:  DRB Public Warning Required:  Yes

Referral Issued (effective 15-days later): \_\_\_\_\_

DRB Mtg Date: \_\_\_\_\_ Decision Date: \_\_\_\_\_

Appeal:  Granted  Denied

If granted, date permit issued: \_\_\_\_\_

Remarks & Conditions: \_\_\_\_\_

\_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

REVIEW/APPLICATIONS:

Appeal