

TOWN OF THORNTON

ZONING BOARD OF ADJUSTMENT

Appeal from an Administrative Decision Application

To: Town of Thornton
Zoning Board of Adjustment

Do not write in this space: For office use
Date Filed: _____
Case No: _____
Received by: _____
Application Fee: \$ _____
Certified Notice Fee: \$ _____

Name of Applicant: _____

Address: _____

Property Owner: _____

If same as applicant, write "same"

Location of Property: _____
Street Address *Tax Map / Lot Number*

Note: This application is not acceptable unless all required statements have been made.
Additional information may be supplied on a separate sheet if the space provided is inadequate.

APPEAL FROM AN ADMINISTRATIVE DECISION: Relating to the interpretation and enforcement of the provisions of the Zoning Ordinance.

Decision of the officer, department, board, or bureau of the Town of Thornton to be reviewed:

1. Decision: _____
2. Decision made by : _____
3. Date of Decision: _____
4. Zoning Ordinance Article _____ Section _____ is in question.

Applicant: _____ Date: _____