

TOWN OF BERGEN

APPLICATION TO THE BOARD OF APPEALS

Appeal Number : _____

Date : _____

OWNER

Name : _____

Address : _____

Telephone # : _____

APPLICANT (if other than owner)

Name : _____

Address : _____

Telephone # : _____

1. Request to the Board of Appeals to overturn the Zoning Enforcement Officer's decision to DENY ☐ GRANT ☐ an application for a Zoning Permit Application Number _____ Dated _____.
2. APPLICATION FOR : Use Variance ☐ Other ☐
Area Variance ☐
Interpretation ☐ Please Specify _____
3. Address of Project Site : _____
Tax Map Number : _____ Zoning District : _____
4. Has a previous appeal been filed pertaining to this parcel? No ☐
Yes ☐ If yes, list Appeal No _____ Date _____ Purpose of Request : _____
5. Justification for Request : General Response _____



A more SPECIFIC RESPONSE should accompany this application on separate sheet(s) of paper. Address each of the statements listed on the back of the GOLD sheet which pertain to your specific appeal.

The Applicant shall submit with this appeal, appropriate supporting materials including, but not limited to, site plans, elevations, traffic circulation diagrams, neighborhood land use maps and any other material that will assist the Board in making a determination regarding this request.

CERTIFICATION : I hereby certify that I have read and examined this application and supporting attachments and know the same to be true and correct. All provisions of laws and ordinances covering this type of work or use will be complied with whether specified herein or not. The granting of an appeal does not presume to give authority to violate or cancel the provisions of any other state or local ordinance or law regulating construction or performance of construction and/or use.

Applicant's Signature _____

Owner's Signature (if other than applicant) _____

PROVISIONS of ZONING LAW APPEALED:

1. ☐ Article _____ Section _____
Subsection _____ Paragraph _____
state reason; _____
2. ☐ Schedule A - state reason; _____

FEE COLLECTED : Check # _____

Appeal Fee \$ _____

Public Hearing Fee \$ _____

TOTAL FEE \$ _____

Signature - Zoning Enforcement Officer _____

Date _____

RDH/ellerson '97

TOWN OF BERGEN**APPLICATION TO THE
PLANNING BOARD****Special Use Permit**

Appeal Number : _____

Date : _____

OWNER

Name : _____

Address : _____

Telephone # : _____

APPLICANT (If other than owner)

Name : _____

Address : _____

Telephone # : _____

1. Request to the Planning Board to overturn the Zoning Enforcement Officer's decision to DENY an application for a Zoning Permit;

Application Number _____ Dated _____

2. Address of Project Site : _____

Tax Map Number : _____ Zoning District : _____

3. Has a previous appeal been filed pertaining to this parcel ? No ☐

Yes ☐ If yes, list Appeal No. _____ Date _____ Purpose of Request : _____

4. Justification for Request : General Response _____



A more SPECIFIC RESPONSE should accompany this application on separate sheet(s) of paper. Address each of the statements listed on the back of the PINK sheet which pertain to your appeal.

The Applicant shall submit with this appeal, appropriate supporting materials including, but not limited to, site plans, elevations, traffic circulation diagrams, neighborhood land use maps and any other material that will assist the Board in making a determination regarding this request.

CERTIFICATION : I hereby certify that I have read and examined this application and supporting attachments and know the same to be true and correct. All provisions of laws and ordinances covering this type of work or use will be complied with whether specified herein or not. The granting of an appeal does not presume to give authority to violate or cancel the provisions of any other state or local ordinance or law regulating construction or performance of construction and/or use.

Applicant's Signature _____

Owner's Signature (if other than applicant) _____

PROVISIONS of ZONING LAW APPEALED:

1. Article _____ Section _____

Subsection _____ Paragraph _____

state reason; _____

FEE COLLECTED : Check # _____

Appeal Fee \$ _____

Public Hearing Fee \$ _____

TOTAL FEE \$ _____

Signature - Zoning Enforcement Officer _____

Date _____

COPY DISTRIBUTION : White - Z.E.O.

Yellow - PLANNING BOARD

Pink - APPLICANT

RVPatterson '97

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