

# Town of Lebanon Maine

## Appeals Board, Administrative Appeal Application

Map/Lot \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

\_\_\_\_\_  
*Phone Number E-mail Address*

### Subject Property Owner Information

Name (from property deed of record) \_\_\_\_\_  
*Last First MI*

Co-Owner: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment / Unit #*

\_\_\_\_\_  
*City State ZIP Code*

\_\_\_\_\_  
*Phone Number E mail Address*

### Street Address of Subject Property (If different from deeded owner's)

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

\_\_\_\_\_  
*Phone Number E-mail Address*

**Applicant Interest In Subject Property**

Owner:  Abutter:  Other:  (If more room is needed please attach to this application)

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**Information on Appeal**

Total Area of Subject Property: (Acres or Square Footage) \_\_\_\_\_

I am Appealing the Decision of: (Planning Board, Code Enforcement Officer, or Other Agency): \_\_\_\_\_

Date of Original Decision: \_\_\_\_\_

**Please Answer Any, or All, of the following questions which Apply to your Reason for Appeal:**

Please Describe EXACTLY what is being done on the Subject Property which is being performed outside of the Authority of the Planning Board, Code Enforcement Officer or Other Agency: (If more room is needed please attach to this application)

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Please Describe how the Original Decision is not supported by the text of the appropriate sections of the Town of Lebanon Ordinances or how the Original Decision is contrary to the intent of the Ordinance. (Please name the Ordinance, Section and Subsection) (If more room is needed please attach to this application)

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Please State any Unique or Adverse Effect the Original Decision will have on Reasonable Use, Enjoyment or Value of the Subject Property, Abutting Properties, Neighborhood or Local Area (If more room is needed please attach to this application)

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Please State any Additional Information you feel is Important for the Lebanon Appeals Board to know in regard to this Appeal: (State if this is New Information or has been previously shared with CEO, Planning Board or Other Agency): (If more room is needed please attach to this application)

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Please State the Name(s), Address, Phone Number and E Mail Address of Any Other Person, Aggrieved Party, Professional or Legal Representative of The Aggrieved Party or Parties who will be Speaking or Presenting Evidence in regard to the Original Decision on the Subject Property: (If more room is needed please attach to this application)

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HEREBY CERTIFY THAT I HAVE READ, EXAMINED AND UNDERSTAND THIS APPLICATION AND THAT THE INFORMATION SUBMITTED HEREIN AND ATTACHED HERETO IS TRUE, ACCURATE AND CORRECTLY STATES MY CONCERNS AND / OR MY INTENTIONS.

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

***Please note on the application or contact the Town Office as soon as possible if reasonable accommodations are needed.***