TOWN OF BARNET APPEAL TO THE PLANNING-ZONING BOARD

1.	Name of the appellant:
2.	Mailing address of the appellant:
3.	Telephone number of the appellant:
4.	• • • • • • • • • • • • • • • • • • • •
	Under 24 V.S.A. Ch. 117 § 4465
5.	Must include a copy of the permit # or the decision.
	24 V.S.A. Ch. 117 § 4466 states "A notice of appeal shall be in writing and shall include the name and address of the appellant, a brief description of the property with respect to which the appeal is taken, a reference to the regulatory provisions applicable to that appeal, the relief requested by the appellant, and the alleged grounds why the requested relief is believed proper under the circumstances." The following documents are submitted in support of this application:
7	Signature of applicant:
/ · Q	Signature of applicant: Date:
0.	Datc
	erested person has 30 days to appeal any decision of the Board of adjustment nmental Court (H.871 in 1995).
This fo	orm with the fee of \$65.00 (checks payable to the "Town of Barnet") must be
	to the Board Secretary, Susan Sinclair, P.O. Box 4026, St. Johnsbury, VT 05819-
	within 15 days of the date of the decision or act.
	ceretary may be contacted by email: <u>barnetplanningzoningclerk@gmail.com</u>
1110 50	erously may be contacted by emain emissions great the state of the sta
\overline{DONO}	OT WRITE BELOW THIS LINE. FOR TOWN USE ONLY.
	ll Number:
търрса	
Receiv	red: Fee: Hearing Date:
Time:	red: Fee: Hearing Date: Location:
Decision	on:
Condit	ions: Effected: Permit Expires: Planning/Zoning Board Chair
Permit	Effected: Permit Expires:
Signed	l:, Planning/Zoning Board Chair
Date:	

Form revised: June 2024