



Town of Buxton  
Application for Administrative Appeal

Map\_\_ Lot\_\_\_\_\_ District\_\_\_\_\_ York County Deed Book\_\_\_\_\_ Page\_\_\_\_\_

Name of Appellant\_\_\_\_\_

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

City/Town\_\_\_\_\_ Zip\_\_\_\_\_

Telephone Number Days\_\_\_\_\_ Evenings\_\_\_\_\_

Name of Owner if Different\_\_\_\_\_

Location of Property: Please describe how to find the property for a site inspection.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As signed, I request that the Board of Appeals consider one of the following:

\_\_\_\_\_ An error was made in the denial of the permit.

\_\_\_\_\_ The denial of the permit was based on a misinterpretation of the Ordinance.

\_\_\_\_\_ There has been a failure to approve or deny the permit within a reasonable period of time.

\_\_\_\_\_ Other\_\_\_\_\_

Please explain in detail the facts concerning this appeal on a separate sheet of paper. You should be as specific as possible so that the Board of Appeal may give full consideration to your case. Please attach any other information such as plot plans, maps, letters or other supporting data which will help illustrate your case.

Seven (7) copies of all exhibits will need to be submitted along with the completed application to start the process. If the applicant does not supply them, the applicant will be charged .10¢ per copy on their final billing. Any large copies (>11x17) must be supplied by the applicant.

I certify that the information contained in this appeal, and its supplements, is true and correct.

\_\_\_\_\_  
Appellant Signature Date

Received by \_\_\_\_\_ Date \_\_\_\_\_

Fee Amount Received \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Fee Received by \_\_\_\_\_ Date \_\_\_\_\_

Appeal Scheduled to be Heard on \_\_\_\_\_

At The Buxton Municipal Building on the Portland Road at 7:00 P.M.

Board of Appeals meetings are generally held on the first Tuesday of the month. Applications need to be in by Monday two weeks prior.