

<i>For Office Use Only</i>
APPLICATION NO. _____
DATE FILED: _____
DECISION DATE: _____
DECISION: _____

**ZONING BOARD of APPEALS
CITY OF BRISTOL, CONNECTICUT
NOTICE OF APPEAL**

The undersigned Appellant hereby appeals to the Bristol Zoning Board of Appeals from the order, requirement or decision of the Zoning Enforcement Officer as more fully described below and requests that such order, requirement or decision be reversed.

Briefly describe the order, requirement or decision of the Zoning Enforcement Officer being appealed:

Address or Location of the Property: _____

Assessor's Map No.: _____ Assessor's Lot No.(s): _____ Zone of the Property: _____

Briefly describe the grounds for this appeal:

Other comments:

APPELLANT (If more than one, list on Page 2)

Name: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ E-Mail: _____

CHECK ONE: [] owner [] other: _____

OWNER(S) OF RECORD (If other than Applicant; if more than one, list on Page 2)

Name: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

The following shall be included as part of this application:

- filing fee – \$185 (includes \$60 state fee) – make checks payable to "City of Bristol"
- any other data and drawings as may be relevant to this appeal

THIS APPLICATION MUST BE FILED IN PERSON NO LATER THAN 12 NOON ON THE DEADLINE DAY FOR APPLICATION SUBMISSION – NO EXCEPTIONS!

**CITY OF BRISTOL, CONNECTICUT
SUPPLEMENTARY INFORMATION**

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APPLICATION NO. _____

Address or location of property: _____

ADDITIONAL INFORMATION/COMMENTS (click inside the box below and begin typing)

ADDITIONAL APPLICANT

Name: _____ Signature: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone No.: _____ E-Mail: _____

CHECK ONE: [] owner [] other: _____

ADDITIONAL OWNER(S) OF RECORD

Name: _____ Signature: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone No.: _____ E-Mail: _____

Name: _____ Signature: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone No.: _____ E-Mail: _____

(OPTIONAL) SEND COPIES OF ALL CORRESPONDENCE TO:

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone No.: _____ E-Mail: _____