



Town of Stafford, CT
1 Main Street, Stafford Springs, CT 06076

ZONING BOARD OF APPEALS
(860) 684-1775 · Fax (860) 684-1768

ZBA REQUEST FOR APPEAL OF DECISION
OF ZONING ENFORCEMENT OFFICER

DATE REC'D: _____

A copy of the decision or order of the Zoning Enforcement Officer subject to this appeal shall accompany the application.

APPLICANT: _____ **PHONE:** _____

ADDRESS: _____

NAME & ADDRESS of party subject to decision of Zoning Enforcement Officer:

PHONE: _____

LOCATION OF PROPERTY subject to decision of Zoning Enforcement Officer:

ASSESSOR'S PARCEL: MAP # _____ LOT # _____ ZONE: _____

BRIEFLY DESCRIBE the decision of the Zoning Enforcement Officer (ZEO) for which the appeal is being brought:

BRIEFLY DESCRIBE the alleged error in the decision of the ZEO for which the appeal is being brought:

APPLICANT'S SIGNATURE: _____ **DATE:** _____

***** FOR OFFICIAL USE ONLY *****

Date of decision of Zoning Enforcement Officer: _____

Date of appeal : _____

Date of hearing: _____

Decision of Board : _____ APPEAL DENIED _____ APPEAL UPHELD

ZBA CHAIRMAN, SIGNATURE: _____ **DATE:** _____

COMMENTS: _____

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