



TOWN OF WILMINGTON BOARD OF APPEALS

APPLICATION FOR HEARING

LOCATION:

LOT AREA:

ASSESSOR'S MAP # :

PARCEL # :

ZONING DISTRICT:

APPLICANT:

TELEPHONE #:

ADDRESS:

OWNER'S NAME:

TELEPHONE #:

ADDRESS:

AS OWNER OF THE SUBJECT PROPERTY, I HEREBY AUTHORIZE THE ABOVENAMED APPLICANT TO ACT ON MY BEHALF IN ALL MATTERS RELATIVE TO THIS APPLICATION.

Signature of Owner

Deed to the property is recorded in the Middlesex Registry of Deeds:

(This information must be provided and can be found on the property tax bill or the Assessor's online database.)

BOOK _____ PAGE _____ DATE _____

Land Is Registered

CERTIFICATE NO. _____ BOOK _____ PAGE _____ DATE _____

LAND COURT PLAN NO. _____ BOOK _____ PAGE _____ DATE _____

NATURE OF YOUR REQUEST

Special Permit Variance - Explain Hardship: _____

Appeal IOB Decision (REQUIRED) _____

Amend _____

Other _____

ZONING BYLAW SECTION: _____

PROVIDE A WRITTEN DESCRIPTION OF THE PROPOSED WORK/ACTIVITY.

Signature of Applicant/or representative _____