



Town of Bristol, Rhode Island
Department of Community Development
Zoning Board of Review

APPLICATION FOR APPEAL

File No.: 2009 –

Certified Complete:

APPELLANT	Name: _____
	Address: _____
	City: _____ State: _____ Zip: _____
	Telephone #: _____ Home: _____ Work/Cell: _____
PROPERTY OWNER	Name: _____
	Address: _____
	City: _____ State: _____ ZIP: _____

1. Location of subject property: _____
Assessor's Plat(s)#: _____ Lot(s) #: _____

2. Zoning district in which property is located: _____

4. Upon which agency or officer is this appeal being taken?: _____

5. In a separate written statement, please describe the decision in which you are appealing, the applicable section(s) of the Zoning Ordinance that apply to your appeal, and the specific grounds for the appeal.

I, the undersigned, attest that all the information provided on this application is true and accurate to the best of my knowledge:

Applicant's Signature: _____ *Date:* _____

Print Name: _____

Name of attorney or agent, if any, who is authorized to represent the applicant:

Name: _____ Telephone #: _____

Address: _____

