

Planning & Zoning Office Town of Richmond P.O. Box 285 Richmond, VT 05477 (802) 434-2430 tmachia@richmondvt.gov www.richmondvt.gov

Appeal #	
	(office use only)

NOTICE OF APPEAL

All information requested below must be completed in full. Failure to provide the requested information on this notice will result in rejection of your application and delay in the review of the appeal before the Development Review Board.

I understand:

- The presentation procedures required by State Law (Section 4468 of the Planning & Development Act);
- that the Development Review Board holds regular meetings once a month;
- that a legal advertisement must appear a minimum of fifteen (15) days prior to the hearing on my appeal; and
- I agree to pay the required fee to offset the cost of the hearing on my appeal.

1) Name and Address of Appellant (s):	
	
1a) Email Address of Appellant(s):	
2) Location and brief description of property at issue in this Appeal:	
3) What action of the Administrative Officer are you appealing?	

4) What provisions of the Richmond Zoning Regulations are applicable to this Appeal, if any?		
5) What relief do you want the Development Review B	oard to grant?	
6) Why do you believe that the relief requested in Num	ber 5, above, is proper under the circumstances?	
NOTE: Notification of adjoining property owners: accordance with 24 V.S.A. §4464(a) and Section 8. the responsibility of the appellant.		
I hereby certify that all the information requested as and is accurate to the best of my knowledge.	part of this notice of appeal has been submitted	
Signature of Appellant	Date	
Do not write below this line		
Date of Submission	-	
I have reviewed this application and find it to be: \Box Complete \Box Incomplete		
Administrative Officer	 Date	