

**Application for Administrative Appeal to
Town of Long Island Zoning Board of Appeals**

1. Name of Appellant: _____

2. Mailing Address: _____

3. Property Location/Address: _____ Lot # _____ Zone _____

4. Name of owner of property which is subject of appeal: _____

5. Please describe in detail the facts surrounding this appeal; what you think is wrong about the decision which you are appealing, and what action you want the Zoning Board of Appeals to take in this matter. If additional space is needed, please continue on a separate sheet of paper and attach it to this application.

I certify that the information contained in this application is true to the best of my knowledge and belief.

Date: _____

Signature of Appellant

In addition, the following must be enclosed for this application to be complete:

_____ Proof that the Appellant has a legal interest in the property in question (copy of a deed, option, etc.)

_____ Eight (8) Copies of application and all supporting documents.

_____ A \$100.00 filing fee – check made payable to: Town of Long Island.

_____ Written Denial from Long Island Code Enforcement Officer.

Date that completed application was received: _____

Signed by the Zoning Board of Appeals Chairperson: _____

cc: Long Island Code Enforcement Officer
Long Island Board of Selectmen