



TOWN OF NAPLES

BOARD OF APPEALS APPLICATION

P.O. Box 1757, Naples, Maine 04055
Phone: (207) 693-6364 / Fax: (207) 693-3667
www.townofnaples.org

Date: _____

Owner/Applicant Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

Property Owner: _____

Property Location: _____ Map & Lot: _____

Zoning District: _____

The undersigned applies for the following:

_____ 1. ADMINISTRATIVE APPEAL. Applicant requests relief from the decision, or lack of decision, of the Code Enforcement Officer or Planning Board. The undersigned believes that:

_____ An error was made in the denial of the permit;

_____ Denial of the permit was based on the misinterpretation of the ordinance;

_____ The permit was not approved or denied within a reasonable amount of time;

Other: _____

Please include 7 copies of this application along with an in depth letter explaining the reason why you are applying for an administrative appeal.

I have read, understand and agree to the above instructions and conditions. I authorize any Board Member or other Town Officials to enter onto the site. I certify that the information contained in this application and its supplement is true and correct.

Signature: _____ Date: _____

Application Fee: \$50.00 Advertising Fee: \$50.00 Mailing Fee: \$7.00 per abutter

Applicant's total: \$ _____