



Application for Appeal

Town of Hamilton

53 East Colonial Hwy, PO Box 130, Hamilton, VA 20159-0130 (540)338-2811 ♦ Fax (540)338-9263

Date _____ PIN _____ Zoning District _____

Street Address _____

Name of the Appellant(s) _____

Agent/Owner's Name _____ Telephone No. _____

Fax No. _____ E-mail _____

Mailing Address _____

Nature of the Appeal:

Date of determination or notice of violation, order, requirement, or decision which is the subject of this appeal:

NOTE: Any submissions associated with this application, must be made to the Hamilton Town Office seven (7) business days prior to any scheduled public hearing or meeting, to be considered for inclusion in the agenda.

Please see reverse for application process.

Agent/Owner:

I have read this completed application, understand its intent and freely consent to its filing. The information provided is accurate to the best of my knowledge. I understand that the Town may deny, approve, or conditionally approve that for which I am applying. Furthermore, I grant permission to the Town or authorized government agents to enter the property and make such investigations and tests as they deem necessary.

Agent/Owner's Signature

Date

For Town Use Only

Application Received:		Hearing Date:		<input type="checkbox"/> Fees Paid Amount \$ _____
Approved:		Denied:		Appeal #