53 East Colonial Highway
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Application for Appeal

Town of Hamilton

Daniel S Galindo, AICP
Zoning Administrator
(571) 442-0598
hamiltonzoning@gmail.com

Date _____ PIN _____ Zoning District _____

Street Address _____

Name of the Appellant(s) _____

Agent/Owner Name _____

Phone No. _____ E-Mail _____

Mailing Address _____

_____

Nature of Appeal:

_____

_____

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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, ust be made to the HamiltonTown Office seven (7) business days prior to any scheduled public earing or meeting, to be considered for inclusion in the agenda.

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
Approved	□ Fees Paid $
Denied	**Appeal #**