



Department of Planning and Zoning

149 Church Street, City Hall

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Appeal of an Administrative Decision Request

Use this form to appeal any Administrative Decision or Notice of Violation - See Sec. 12.2.2 of the Zoning Ordinance.

SUBJECT LOCATION ADDRESS: _____

Subject Property Owner: _____

Appellant: _____

Agent/Representative: _____

Mailing Address: _____

City, St, Zip: _____

Day Phone: _____ Email: _____

Appellant Signature: _____ Date: _____

In order for your request to be considered complete, **ALL** of the following information **must** be provided, as applicable:

- The Appeal **fee of \$250**;
- Description of the decision under appeal;
- Description of the property subject to the appeal;
- Reference to the regulatory provisions applicable to the appeal;
- Relief requested by the appellant;
- Alleged grounds why such requested relief is believed proper under the circumstances.

Office Use Only:

Check No. _____ Amount Paid _____ Zoning Permit # _____