

**REQUEST TO APPEAL AN ACTION OF A ZONING OFFICER -
N.J.S.A. 40:55d-70a**

-Attach to Zoning Board Application

Control No. _____

NOTE: Appeals must be made within 20 days of the date the action is taken.

Property Location _____

Zoning District _____

Map _____

Section _____

Lot _____

-Complete A to D (Attach support documents as required.)

A. - Describe the situation upon which action was taken:

B - Describe the action taken:

C - Detail the reasons why the above action was incorrect:

D - Complete and attach "Notice of Appeal" form.