

FORM A

**APPEAL
FROM A DECISION OF THE ZONING ENFORCEMENT OFFICER
TO THE
ZONING BOARD OF APPEALS
TOWN OF SPRAGUE, CONNECTICUT**

Name of Applicant: _____
Address: _____
Phone: _____

To be completed by the Board:
Appeal No.: _____
Date Received: _____
Hearing Date: _____
Fee Paid: _____
Received by: _____

Location of affected premises: _____
Owner of affected premises: _____
Map: _____ Block: _____ Lot: _____
Located on the _____ side of _____ street _____ feet distant
from the intersection of _____ with _____
Section of town _____ Zone _____

Decision appealed was made by Zoning Enforcement Officer on _____

Describe as precisely and completely as possible the decision that is appealed, why the appellant believes it was improper, and what the appellant thinks the correct decision should have been. (Use additional sheet of paper if necessary.)

Applicant's signature

Date

To be completed by the Board:

Date of Board action: _____

Action taken: _____

Reasons for action: _____

Signature: _____