

Town of Loudon Planning and Zoning Board Office

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Loudon, NH 03307

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Do not write in this space:
Case # _____
Date: _____

Applicant Name: _____

Applicant Address: _____

Appeal is taken for the decision made by:

Name of enforcement officer (s)

Date decision was made: _____

Location of property (if applicable) _____

This application relates to what section and article of the Loudon Zoning Ordinance? _____

State reasons why you believe this decision was erroneously made:

Applicant signature: _____ Date: _____

FOR ZBA USE

Application accepted/denied: _____ Date: _____

Hearing date: _____

Result of public hearing: _____
