

**LOUDON ZONING BOARD OF ADJUSTMENT
LOUDON, NEW HAMPSHIRE**

APPLICATION FOR REHEARING/APPEAL

Do not write in this
space

Case # _____

Date: _____

Applicant Name and Address: _____

Rehearing/Appeal is taken for the decision made by: _____

Name of Enforcement officer

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's Signature: _____ Date: _____

FOR ZBA USE

Application accepted/denied: _____ Date: _____

Hearing Date: _____

Result of Public Hearing: _____
