



# GEORGIA

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## VERMONT

File #APL-\_\_\_\_ - \_\_\_\_ Date Rec'd: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of DRB Hearing: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Fee Paid: \_\_\_\_\_ Check # \_\_\_\_\_

### APPEAL TO DEVELOPMENT REVIEW BOARD TOWN OF GEORGIA, VERMONT

**Applicant(s):** \_\_\_\_\_ **Owner(s):** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

#### CERTIFICATION OF APPELLANT

The undersigned appellant(s) hereby certifies that the information submitted on this application is true and accurate and that the information provided is complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Appellant Signature

\_\_\_\_\_  
Appellant Signature

#### PROPERTY OWNER'S AUTHORIZATION

The undersigned property owner(s) hereby certifies that the information submitted on this application is true, accurate and complete and that the Appellant has full authority to request the relief herein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Owner Signature

47 Town Common Road North. • St. Albans, VT 05478

• Phone: 802-524-3524 • Fax: 802-524-3543 • website: townofgeorgia.com

**Nature of Appeal:**     Appeal of Zoning Administrator's Decision  
                                  Other

**Tax Parcel ID:** \_\_\_\_\_

**Location of Property:** \_\_\_\_\_ **Zoning District:** \_\_\_\_\_

**Description of Appeal** (attach additional sheets if necessary):

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**Applicable Regulatory Provisions:**

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**Specific Relief Requested:**

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**Alleged Grounds for Relief Requested:**

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**Names and Addresses of Abutting Property Owners:**

Please note: Application shall be accompanied by one addressed, stamped envelope for each current owner of record of all abutting properties including properties directly across any public or private roadway or right-of-way.

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