

Application Number ..... Hearing.....  
Date received by B.A..... Decision .....  
Fee paid ..... Approved ..... Denied.....  
Notice ..... Conditions .....

*Do not write above this line*

*Town of Morgan  
P.O. Box 45  
Morgan, Vermont 05853*

**APPLICATION TO THE TOWN OF MORGAN BOARD OF ADJUSTMENT**

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Landowner** (if other than above): \_\_\_\_\_

**Location of Property:** \_\_\_\_\_

Morgan Parcel # (per grand list): \_\_\_\_\_

Zoning Permit # in question: \_\_\_\_\_

Type of Application: Appeal of Decision \_\_\_\_\_ Variance Request

Provision of zoning regulation in question \_\_\_\_\_

Reason for Appeal/Request \_\_\_\_\_

Specific action requested: \_\_\_\_\_

Documents submitted in support of this application: \_\_\_\_\_

\_\_\_\_\_

**Signature**

Date

A \$60 fee must be submitted with this **application**. Checks payable to Town of Morgan,