



CITY OF ATTLEBORO MUNICIPAL COUNCIL

GOVERNMENT CENTER, 77 PARK STREET
OFFICE OF THE MUNICIPAL COUNCIL
ATTLEBORO, MASSACHUSETTS 02703
(T) 508.223-2222 (F) 508.222.3046

FORM F APPLICATION

APPEAL OF THE REVIEW FEE REQUIREMENT OF THE ZONING BOARD OF APPEALS

File the fully completed original application with the Office of the City Clerk. After filing the original with City Clerk, submit twelve (12) completed forms to the Municipal Council and one (1) completed form to the Department of Planning and Development in accordance with the requirements of the local subdivision regulations.

The undersigned hereby appeals the review fee in the amount of \$_____ required by the Zoning Board of Appeals pursuant to MGL Ch. 44 §53G, as amended, affecting the following described premises and proposed development as are hereinafter set forth:

1. Name of Appellant: _____
Address and Telephone #: _____
2. Name of Property Owner: _____
Address and Telephone #: _____
3. Name of Engineer: _____
Address and Telephone #: _____
4. Location of Property: _____
5. Assessor's Plat #(s): _____ Lot #(s): _____
6. Name of Proposed Project: _____

7. Describe the proposed development in the space provided below:

8. State the grounds for the appeal in the space provided below and clearly, with detail, explain how the selected consultant does not qualify to perform the peer review:

9. Signature of Appellant: _____