

Notice of Appeal: Date: \_\_\_\_\_

Pursuant to Chapter 7:6 of the Town of Madison Code of Ordinances a notice of appeal must be received by the Town Clerk within 30 days of notice given by the official rendering the decision, together with a filing fee payment of \$20.00.

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

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

Telephone/email: \_\_\_\_\_

Official or Board Decision being appealed: Circle one

Planning Board    Board of Selectmen    Board of Assessors

Town Manager    Code Enforcement Officer    Other

If the application is for a variance please state the reason why the current regulation(s) creates an undue burden.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the application is to appeal a decision by an Official or Board please state why the decision was either unsubstantiated by substantial evidence, rendered in bad faith, or in violation of applicable law.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is needed please attach a separate sheet)

\_\_\_\_\_  
(Applicant Signature)