

**TOWN OF ISLESBORO
BOARD OF APPEALS AND BOARD OF ASSESSMENT REVIEW**

Application for Administrative Appeal

Name of Appellant _____

Mailing Address _____

Telephone _____ (Optional) Cell Phone _____

Tax Map: Map _____ Lot _____

Land Use Ordinance District _____

Name of Owner of Property Which is Subject of Appeal _____

Please describe in detail the facts surrounding this appeal. Explain in detail why you believe the decision you are appealing is incorrect. Explain what action you want the Board of Appeals to take in this matter. If additional space is needed, please continue on a separate sheet of paper and attach it to this application.

I certify that the information contained in this application is true to the best of my knowledge and belief.

Date _____ Signed _____

Printed Name _____