ZONING BOARD OF ADJUSTMENT DERRY, NEW HAMPSHIRE

APPLICATION TO REQUEST A REHEARING

I hereby apply for a hearing request:

A REHEARING (Attach a letter of explanation)

Name of Applicant: _____

Mailing Address: _____

Telephone: _(_____)_____

Owner of Property: _____

Mailing Address: _____

If Applicant and Owner are the same person, write "SAME"

Location of Property: _____

(include tax map number and street)

Date of Original Hearing: _____

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY Date Accepted: _____ by _____