

Case No. \_\_\_\_\_



**BOARD OF APPEALS**  
DOVER MASSACHUSETTS 02030

**APPLICATION FOR HEARING**

Name of Applicant/ Appellant:  
Address:

Date:  
Home Phone:  
Work Phone:

Location of Property:  
Applicant is: (owner, tenant, licensee, prospective purchaser)

Nature of application or appeal:

Applicable section of Building, Zoning Bylaw:

Applicable Zone \_\_\_\_\_ (B.M, MP, R, R-1, R-2)

Date of denial by Building Inspector -Planning Board:

I hereby request a hearing before the Board of Appeals with reference to the above noted application or appeal.

Signed: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Title: \_\_\_\_\_

Received from above applicant, the sum of \$ \_\_\_\_\_ Application Fee, made payable to Town of Dover.