



TOWN OF LYMAN  
Zoning Board of Appeals  
Request for Variance

*Application Fee \$25.00*

Applicant/Owner Information

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

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

Parcel No.: \_\_\_\_\_

Under the provisions of Section 906 and Section 1004 of the Town of Lyman Code of Ordinances I/We, the above-signed, do request an appeal to the Zoning and Planning Commission of the decision rendered by the Zoning Administrator concerning the property noted above.

Reason for Appeal:

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

*For Office Use Only*

Payment Received Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Variance Approved: \_\_\_\_\_  
Date

Variance Denied: \_\_\_\_\_  
Date