

**TOWN OF ACTON
ZONING BOARD OF APPEALS**

APPLICATION FOR VARIANCE OR APPEAL

Name of Applicant _____

Mailing Address _____

Telephone Number () _____ Appeal # _____

Location of Property _____

Owner(s) Name _____ Tax Map _____ Lot _____

Recorded at York Registry of Deeds: Book _____ Page _____

Please list names and addresses of abutters as geographically located around your property:

North:

Name _____

Address _____

City/Zip _____

South:

Name _____

Address _____

City/Zip _____

East:

Name _____

Address _____

City/Zip _____

West:

Name _____

Address _____

City/Zip _____