

**Moultonborough Zoning Board of Adjustment**  
**P.O. Box 139**  
**Moultonborough, NH 03254**  
**(603) 476-2347**

**Application**  
**Appeal from Board's Decision**  
**Re-Hearing**

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

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

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

Date of Decision being appealed:

\_\_\_\_\_

Decision to Be Appealed (be specific and include pertinent dates and type of relief sought): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of calendar days since date of decision: \_\_\_\_\_

Grounds claimed for the basis of re-hearing as set forth in **RSA 677:2**: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** This appeal must comply with all applicable current provisions of State and Local Ordinances.

**Fee Schedule**

\$200	-	Re-Hearing Fee (Non-Refundable)
50	-	Advertising Fee
_____	-	Notification Fee (Number of Abutter Letters by \$2 - Exclusive of postage)
_____		Total Due