

PETITION FOR APPEAL (FORM-D)

For Appeal filing procedure see:

Docket No.

972 CMR Section 1:02 & 1:03

Date Filed

RULES AND REGULATIONS

(The above for Official use only)

(PLEASE TYPE OR PRINT)

Old King's Highway Regional Historic District Commission

P. O. Box 140, Barnstable, MA 02630

Telephone: 508-775-1766

Appellant

VS

Town of

Old King's Highway Regional Historic District Committee

1. This is an appeal from the above listed town Committee's decision (a copy is attached)

on _____'s application for

(Applicant's name)

(Project)

located at

and (approved / disapproved) by the local town's historic district Committee on

and filed with the Town Clerk on

(Dated)

(Date)

2. The reason for this appeal is:

(If further remarks are needed, attach additional 8 1/2 x 11 sheet)

3. The relationship of the appellant to the subject of appeal is that of

(Applicant/Abutter/Other aggrieved party)

4. The remedy sought by the appellant is

(Annulment of town committee's decision/ Reversal to town committee's decision/ Remand application to town committee)

5. I hereby certify that I have given notice of this appeal to the Town Clerk, Town Committee & Applicant, if different. I have enclosed the required filing fee.

6. In the event that scheduling does not permit the hearing to take place within 30 days, I hereby grant an extension of time until the next regular scheduled Commission meeting.

(Date)

Signature of appellant or designated representative

Appellant's Mailing Address:

Tel. No.

Name, address & telephone of agent and/or attorney:

The appeal must be filed within 10 days of the filing of the decision with Town Clerk