

**TOWN OF SWEDEN
APPLICATION
ZONING BOARD OF APPEALS**

Name and Address of Applicant: _____

Phone Number: _____

Property Location: _____

Type of Appeal:

- Special Permit
- Use Variance
- Area Variance

Description of project: (Attach a sketch or plan of proposal)

Reason for appeal: _____

Date: _____ Signature: _____

Application Fee Paid: _____

Received by: _____