

**CITY OF BANGOR  
BOARD OF APPEALS APPLICATION**

**For Internal Use Only**

Fee Paid: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Received by: \_\_\_\_\_

[Application Fee is not required for processing a Disability Variance or a Fair Housing Act Reasonable Accommodation.](#)

**Appellant/Applicant Information**

Date: \_\_\_\_\_  
Name of Appellant/Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Owner's Information** (if different from Applicant)

Owner: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
\_\_\_\_\_

Description of Interest of Applicant in Site (if not owner):

\_\_\_\_\_ Signed Lease Agreement  
\_\_\_\_\_ Signed Purchase/Sale/Option Agreement  
\_\_\_\_\_ Signed Written Agreement from Owner  
\_\_\_\_\_ Other (Please describe) \_\_\_\_\_

**Property Information**

Site Address: \_\_\_\_\_  
Map/Lot: Map: \_\_\_\_\_ Lot: \_\_\_\_\_  
Zoning District: \_\_\_\_\_  
Permit #: \_\_\_\_\_  
Last Warranty or Quitclaim Deed Recorded at the Penobscot Registry of Deeds: Book \_\_\_\_\_ Page \_\_\_\_\_

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**The Undersigned Requests that the Board of Appeals Consider the Following Appeal/Variance/Accommodation:** (Check the box that applies to your request)

- Administrative Appeal – alleging error in an order or decision of Code Enforcement Officer, City Clerk (taxicab or livery licenses), law enforcement officer (removal of taxicab or livery from service), or other city official or body where appeal is specifically allowed
  
- Variance Appeal – requesting variance from requirements of a land use ordinance due to unnecessary hardship, or from the Bangor Center Revitalization Area ordinance
  
- Practical Difficulty Appeal – requesting variance from a setback requirement
  
- Disability Variance – requesting variance as an owner of a dwelling to make the dwelling accessible to a person with a disability who resides in or regularly uses the dwelling  
**NOTE: Application Fee Shall be Waived for a Variance Based on a Disability**
  
- Fair Housing Act Reasonable Accommodation – requesting waiver of a land use requirement as a reasonable accommodation to a person or group who qualifies as “handicapped” as defined by the Fair Housing Act  
**NOTE: Application Fee Shall be Waived for a Variance Based on a Disability**

List the ordinance section from which appeal is taken, if applicable: \_\_\_\_\_

Attach the decision from which the appeal is taken, if applicable.

Describe in detail the facts that form the basis of the appeal. Please be as specific as possible so the Board of Appeals can give full consideration to your case. (Attach a separate sheet(s) of paper, if needed).

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Attach any materials in support of your application (e.g., photos, drawings, surveys, plans, records, etc.)

**I certify that the information contained in this Application and its supplement is true and correct.**

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**By:** \_\_\_\_\_  
Printed Name

**Notice to Appellant/Applicant:** This Application and any materials in support of the application must be returned to the Code Enforcement Office along with your paid fee. You will be notified of the date and time of the hearing if your submitted application and fee have been accepted.