

**Town of Claverack**  
**Application for an Interpretation**

Please refer to "Application Submittal Checklist" for instructions on filling out this form.  
See ZEO for required checklist items needed for completion of this form.

*OFFICE USE ONLY*

Permit Application # \_\_\_\_\_

Date of ZEO Decision \_\_\_\_\_  
(see attached decision)

Date of Appeal \_\_\_\_\_  
(Postmark or Hand-Delivered)

Date of Receipt by Board \_\_\_\_\_

Date of Public Hearing \_\_\_\_\_

Date of Final Action \_\_\_\_\_

Date of Filing of Decision  
with the Municipal Clerk \_\_\_\_\_

**PLEASE PRINT**

Applicant(s) name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email (if applicable) \_\_\_\_\_

Appeal Concerns Property at the following address:

\_\_\_\_\_

County Tax Map Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

The applicant's appeal concerns property (choose one):

Owned by the Applicant or the Applicant as Agent for the Owner

Which is Adjacent to or Nearby Property owned by the Applicant

Indicate the Tax Map Parcel No. of Such Property \_\_\_\_\_

Zoning Officer Decision Being Appealed.

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Relevant Section(s) of Zoning Code.

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Reason for Appeal.

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_