

TOWN OF SOUTHOLD

APPLICATION FOR APPEAL TO
THE COASTAL EROSION HAZARD BOARD OF REVIEW

DATE _____

NAME OF APPLICANT: _____

ADDRESS: _____

DATE OF DECISION APPEALED FROM _____

SPECIFIC CHAPTER/SECTION INVOLVED _____

THE ALLEGED ERRORS IN THE DETERMINATION ARE: _____

INTERPRETATION THAT IS CLAIMED TO BE CORRECT: _____

RELIEF SOUGHT: _____

*COPY OF THE ENTIRE BOARD OF TRUSTEE FILE INCLUDING ANY
RELEVANT MAPS MUST BE ATTACHED TO THIS APPEAL

SIGNATURE OF APPLICANT