

HOUSING APPEALS COMMITTEE

INTERLOCUTORY APPEAL COVER SHEET

(Pursuant to 760 CMR 56.03(8)(c))

Party filing interlocutory appeal: please provide the following information:

Developer Name and Address Name of Principal of Developer:	ZBA Name and Address Name of Board Chair:
Attorney (Name, Address, Phone, Fax, and Email)	Attorney (Name, Address, Phone, Fax, and Email)
Project Name and Address	Board Notice based on assertion municipality has: <input type="checkbox"/> met General Land Area Minimum <input type="checkbox"/> met Annual Land Area Minimum <input type="checkbox"/> met Housing Unit Minimum <input type="checkbox"/> a certified Housing Production Plan <input type="checkbox"/> made recent progress toward Statutory Minima <input type="checkbox"/> a large project pursuant to 760 CMR 56.03(6) <input type="checkbox"/> previously received related application pursuant to 760 CMR 56.03(7)
Date of Application to Board: _____ Date of Board Notice pursuant to 760 CMR 56.03(8)(a): _____ Date of DHCD Decision pursuant to 760 CMR 56.03(8)(a): _____ Date of Appeal to DHCD pursuant to 760 CMR 56.03(8)(a): _____	

Signature of Attorney Filing Appeal

Date

NO FEE REQUIRED BY EITHER PARTY

FOR DOCKET CLERK USE ONLY

Docket # _____

Case # _____

HAC Appeal Date: _____