

ZONING BOARD OF APPEALS - APPLICATION

Applicant's Name _____ Phone (____) _____

Applicant's Mailing Address _____

City _____ State ____ Zip _____

Property Owner's Name _____ Phone (____) _____

Property Owner's Address _____

City _____ State ____ Zip _____

Address of property _____ Tax Parcel # _____

Legal Description _____

Section of Zoning Ordinance pertaining to appeal _____

Variance Requested _____

Reason for Appeal _____

DEADLINE FOR SUBMITTAL: Application for appeal must be filed and fees paid at least ~~30~~
21 days prior to the scheduled hearing.

I hereby certify that the information given herein is true and correct to the best of my knowledge:

Signature of Applicant

Signature of owner

Zoning Administrator Use Only:

Filing Fee Paid _____ Retainer Fee _____

Date Hearing Scheduled _____

Signature of Zoning Administrator _____