

**APPLICATION FOR APPEAL  
BOARD OF ZONING APPEALS**

Application No \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number Home \_\_\_\_\_ Business \_\_\_\_\_

The undersigned requests review of the decision by the zoning inspector of Application for Zoning Permit No. \_\_\_\_\_, denied (issued) on \_\_\_\_\_, 20\_\_\_\_\_. It is the applicant's contention that the following error was made in the determination of the zoning inspector:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant

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For Official Use Only

Date Filed \_\_\_\_\_

Date of Notice to Parties in interest \_\_\_\_\_

Date of Notice in Newspaper \_\_\_\_\_

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

Fee Paid \$ \_\_\_\_\_

Decision of Board of Zoning Appeals: Approved \_\_\_\_\_ Denied \_\_\_\_\_

If Approved the following conditions and safeguards were prescribed: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

If Denied, reason for denial \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Board of Zoning Appeals Chairman

Note: One (1) copy to be filed with the Zoning Inspector and two (2) with the Board of Zoning Appeals.