



**APPLICATION FOR APPEAL
BOARD OF ZONING APPEALS**

Applicant Information

Name: _____

Address: _____

Phone Number: _____ Email _____

The undersigned requests review of the decision by the Zoning Officer on _____
It is the applicant's contention that the following error was made in the determination of the Zoning Officer.

Signature of Appellant

Date

FOR OFFICIAL USE

Date Filed: _____

Date of Notice to Parties of Interest: _____

Date of Notice to Newspapers: _____

Date of Public Hearing: _____

Fee Paid: _____

Decision of Board of Zoning Appeals: Approved Denied

If the decision of the zoning officer was overturned, the reasons were found:

1. _____
2. _____
3. _____
4. _____
5. _____

Date: _____

BZA Secretary

Ordered:

Chair