



APPLICATION FOR
APPEAL

For Staff Use only

APPLICATION
NUMBER:

\$400 RECEIPT#

DATE

SITE ADDRESS, City, and State				ZIP CODE:
LEGAL DESCRIPTION:				
				Attached <input type="checkbox"/>
PID#:	ZONING DISTRICT	LOT AREA(SF/ACRES):	LOT DIMENSIONS:	STRUCTURE DIMENSIONS (if applicable):

APPLICANT OR AUTHORIZED AGENT'S NAME	
APPLICANT'S ADDRESS:	TELEPHONE:
	()
	EMAIL:

PROPERTY OWNER'S NAME::	
Same as Above <input type="checkbox"/>	
PROPERTY OWNER'S ADDRESS:	TELEPHONE:
	()
	EMAIL:

CONTACT FOR PROJECT INFORMATION:	
Same as Above <input type="checkbox"/>	
ADDRESS:	TELEPHONE:
	()
	EMAIL:

(Please check all that apply) ADDITIONS TO BUILDING: <input type="checkbox"/> New Building on vacant land <input type="checkbox"/> Rear <input type="checkbox"/> New Addition to existing building <input type="checkbox"/> Front <input type="checkbox"/> Animal Building <input type="checkbox"/> Side <input type="checkbox"/> Storage building <input type="checkbox"/> Other Please clarify	PLEASE CITE THE DECISION YOU ARE REQUESTING THE APPEAL FROM:	
	BUILDING APPLICATION PERMIT NO.: (if filed)	DATE FILED:

By signing you acknowledge:

1. The undersigned is the owner or authorized agent of the owner of this property.
2. The information presented is true and correct to the best of my knowledge.
3. If I am unable to be present at the meeting where my request is decided, I agree to accept the Notice of Decision by certified USPS.
4. Other information or applications may be required.

Applicants Signature: _____ Date: _____

Print name: _____ owner or authorized agent