APPEAL TO THE BOARD OF ADJUSTMENT

*Form updated Sept 2021*

Zoning File No. Appeal No.

Date

I (We), of Name Mailing Address

respectfully request that a determination be made by the Board of Adjustment on the following appeal, which was denied by the Enforcing Officer on , 20\_\_\_\_\_ because it was a matter which, in his opinion, should properly come before the Board of Adjustment.

An interpretation\_\_\_\_\_, exception\_\_\_\_\_, variance \_\_\_\_\_is requested To Section of the Zoning Ordinance for the reason that:

It is an appeal for an interpretation of the ordinance or map.

It is an exception to the ordinance on which the Board of Adjustment is required to pass.

It is a request for a variance relating to the use, area,

\_\_\_\_\_ frontage, \_\_\_yard, (or) provisions of the Ordinance.

Remarks:

The premises affected are located at in

Zoning District . Legal description of property

involved in t his appeal:

Has any previous application or appeal been filed in connection with these premises?

What is the applicant's interest in the premises affected? What is the approximate cost of the work involved? Explanation of purpose to which property will be put:

Plot Plan attached? \_\_\_\_\_\_\_\_\_ Pag e 1 of 2

Ground Plan and elevations attached? Yes\_\_\_No \_\_\_ If no, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notices will be sent by the City to property owners of record within 200’ feet.**

I (we) further state that if this request is granted, I (we) will proceed with the actual construction in accordance with the plans herewith submitted within six months from date of filing this appeal; will complete the work within \_ \_ \_ year(s) from said date; and that I am able from a financial, legal, and physical basis to do so.

Date: \_\_\_\_\_\_\_\_\_, 20\_\_

Signature(s) of Applicant(s)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* For Use of Board of Adjustment Only

Date hearing advertised Date of hearing **$150** Fee paid - Receipt No.

Decision of the Board of Adjustment

Reasons:

1.

2 .

3 .

Other Remarks:

BOARD OF ADJUSTMENT

By:

Secretary

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