



## Zoning Appeal Form

GL# (0010.00.323.020)

This form is to be used to appeal a decision of the Zoning Administrator which the appellant believes to be contrary to the meaning of the Zoning Ordinance.

It is the power of the zoning Board of Appeals to hear and decide appeals where it is alleged there is error in an order, requirement, decision, or determination made by an administrative official in the enforcement of the Zoning Ordinance.

### **Contact Information:**

Name of Applicant:

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Mailing Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Explain Appeal:**

Decision of the Zoning Administrator in which you are appealing (Include Section of Zoning Ordinance):

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Please explain the reasons you feel the decision is contrary to the meaning of the Zoning Ordinance.

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An application fee of \$300.00 must accompany application. If you are requesting multiple appeals you must file each appeal separately.

It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proving the Zoning Administrator erred in an order, requirement, decision, or determination rest with the applicant.

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Signature

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Date

## Signature Page

**Applicant/Agent hereby certifies that the information provided in this application is correct and true.**

### Owners:

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Print Name	Signature	Date
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Print Name	Signature	Date
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### Corporation/Partnership:

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Print Corporation/Partnership Name	(if in LLC or Corp. please provide authorization to sign)
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By: \_\_\_\_\_

Print Name	Signature	Date
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Print Title and Name

### Designation of Agent:

I (we) hereby appoint the person named as applicant as my (our) agent to represent me (us) and act on my (our) behalf in this request for an appeal, as he/she deems necessary and proper.

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Print Agents Name

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Signature of Agent	Date
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Signature of Owner	Date
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Witness Signature	Date
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