



**APPLICATION FOR APPEAL  
BOARD OF ZONING APPEALS**

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**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