

APPLICATION FOR PUBLIC HEARING
APPEAL OF ADMINISTRATIVE DECISION

*AMOUNT OF FEE \$ _____

Total including imaging fee and surcharge \$1,272.31

Additional Radius Fee (to be determined at a later date)

See fee information and amounts on next page.

FOLIO # _____

BY _____
Date Receipt Stamp

Appeal to be heard by
CZAB # _____

Sec. _____ Twp. _____ Rge. _____

RADIUS ASSIGNED _____

IMPORTANT – The applicant and/or the applicant's attorney must be present at the hearing.

1. Name of Applicant (PRINT) _____

2. Mailing Address _____ Tel No. _____

3. Contact Person _____

4. Mailing Address _____ Tel. No. _____

E-mail Address of Contact Person _____

5. Name of Property Owner _____

6. Owner's Address _____

_____ Tel. No. _____

7. LEGAL DESCRIPTION OF THE PROPERTY COVERED BY THE APPLICATION (If subdivided, lot, block, complete name of subdivision, plat book and page number.) (If metes and bounds description – complete description, including section, township and range.)

8. Address or location _____

9. Size of Property _____ ft. x _____ ft. Acres _____

10. Administrative Decision appealed: (State in brief and concise language.)

11. Section and paragraph of regulations if applicable: (Copy regulations in detail)

12. Alleged error in the order, requirement, decision or determination made by administrative official in interpretation or enforcement of regulation:

13. Reason why the decision should be reversed:

AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am the party aggrieved by the action of the administrative official made the subject matter of this application, and that all of the foregoing statements and answers herein contained and the information herewith submitted are in all respects true and correct and honest to the best of my knowledge and belief.

Sworn and Subscribed before me

This ____ day of _____

SIGNATURE

NOTARY PUBLIC