APPLICATION FOR PUBLIC HEARING

APPEAL OF ADMINISTRATIVE ADJUSTMENT OR ADMINISTRATIVE SITE PLAN REVIEW

AMOUNT OF FEE: $986.69 (Total includes appeal, imaging fee and surcharge)

RECEIPT # _____________________

FOLIO # _____________________ BY ____________________ Date Receipt Stamp

Appeal to be heard by
CZAB # __________

Sec. _____ Twp. _____ Rge. _______ RADIUS ASSIGNED 500’ + surcharge

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

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. ______________

5. Name of Property Owner _________________________________________________________

6. Owner’s Address _________________________________________________________________

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.

_____________________________  SIGNATURE

Sworn and Subscribed before me

This _____ day of ____________

_____________________________  NOTARY PUBLIC

Rev. 11/21/01; 2/25/09