APPEALS OF DECISION FORM

As per Section 80.12 Area Board of Zoning Appeals; J Jurisdiction of the BZA

OFFICE USE ONLY

ZONE_____ FEE$_____ DATE:_____FLOOD PLAIN: YES OR NO

CASE # _____

OWNER INFORMATION

NAMES_____ ADDRESS_____

CITY_____ ST_____ ZIP_____ PHONE_____

APPLICANT INFORMATION (if different than owner)

NAME_____ ADDRESS_____

CITY_____ ST_____ ZIP_____ PHONE_____

DESCRIPTION OF PROPERTY

TWP or CORP_____ SUBDIVISION_____

LOT_____ SECTION #_____ TOWNSHIP#_____RANGE#_____ACRES_____

LOCATION STREET / ROAD_____ PARCEL#_____

DESCRIPTION OF APPEAL_____

Other pertinent information requested by the Director.

Scheduled for _____, 20 _____, at _____ PM.

_____
Property Owner's Signature

_____
Printed Name

Date: _____

_____
Applicant Signature

Date: _____