

APPEALS OF DECISION FORM

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

<u>OFFICE USE ONLY</u>			
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: _____