



**Attest:**

I hereby certify that the information I have provided, all answers to the questions in this request and all other supplementary matter attached to and made part of this administrative appeal request are honest and true to the best of my knowledge and belief.

**You or a representative MUST attend the scheduled hearing to present this request and answer questions. Failure to appear at the hearing will result in your appeal petition being tabled and potential delay of you project.**

**Please attach a copy of the Zoning Officer’s determination which has resulted in your appeal.**

\_\_\_\_\_  
Printed Name of Applicant/Agent

\_\_\_\_\_  
Signature of Applicant/Agent

\_\_\_\_\_  
Date

**SECTION 8.6 Appeal to the Board of Zoning Appeals.**

An appeal from any order, requirement, decision, or determination made by an administrative official or board charged with the enforcement of this code, or rule and regulation adopted pursuant to this code, shall be filed with the board of zoning appeals. The appeal shall:

- a. Specify the grounds of the appeal;
- b. Be filed within thirty (30) days of the original order, requirement, decision, or determination made by an administrative official or board charged with the enforcement of this code; and
- c. Be on a form prescribed by the board.
- d. Upon request of the board of zoning appeals, the administrative official or board shall transmit all documents, plans, and papers constituting the record of the action from which the appeal was taken.

**OFFICE USE ONLY:**

Zoning Administrator Notes:

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Signature of person reviewing: \_\_\_\_\_

**Date**

Application for Administrative Appeal Fee:	<b>300.00</b>
Other:	

Application Received and Processed By: \_\_\_\_\_

**Total Fee**

Date: \_\_\_\_\_

Fees Paid:            Yes                            No

Determination Letter Sent: \_\_\_\_\_

Submitted to Board of Zoning Appeals: \_\_\_\_\_

Decision:            Upheld                            Overturned

Decision Notes: \_\_\_\_\_

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