

**Appeal Form
Board of Adjustment**

Appeal Number _____
Date Submitted _____
Address of Site _____

Applicant's Name _____
Applicant's Address _____

Phone Number _____

Type of Appeal Request:

_____ A hearing to determine where it is alleged by the appellant that an error in any order, requirement, decision or refusal in enforcement of the Zoning Ordinance

_____ A variance

_____ An interpretation of the Zoning map and/or Zoning Ordinance

_____ Other: (Please specify) _____

Please explain your appeal: (Attach additional sheets if necessary)

Submitted with this appeal form are:

_____ A plot plan showing:

1. The location of all existing and proposed structures on the lot and adjoining lots.
2. Proposed setbacks for the lot lines.
3. The location and dimensions of street access.
4. The location of any off-street parking.
5. The location of natural features which create a hardship in meeting the Zoning Ordinance.

_____ Envelopes, stamped and addressed to the owners of all adjoining property owners to the parcel in question

_____ Documentation for lot of record (canceled checks(s), contracts, stamped documents, etc.)

_____ Filing Fee as outlined in Fee Schedule

