

Appeal Application

Property description (address) for application _____

General Information

Applicant _____ Day Phone# _____

Address _____

Owner of Record (attach affidavit if not applicant)

Name _____ Day Phone# _____

Address _____

Applicant's agents

Name _____ Day Phone# _____

Address _____

Property information

Zoning District _____ Current Use _____ Tax Map# _____ Lot# _____ Lot size sf _____

Lot coverage (include all structures and impervious surface)

Existing (sq ft.) _____ plus proposed (sq .ft.) _____ equals _____ total sq .ft. divided by _____ lot s.f.
equals _____ percent lot coverage

Briefly describe your purpose of Appeal (attach statement which describes how your appeal conforms to provisions of the Code): _____

Specify decision which you are appealing: _____

Attach nine copies of your proposal, supportive documentation required by the Code and the appropriate completed checklist thirty (30) days prior to a scheduled meeting. Applications that are not complete cannot be accepted for review. I certify that the information on this application is true and correct. I agree to abide by all the rules and regulations as specified in the Land Development Code and any conditions placed upon approval of this application

Applicant _____

Date _____

Land Owner (if different) _____

Date _____

Staff Action

Date received _____

Meeting date: _____

Commission /Board Action Approved _____ Denied _____ Date: _____

Other approvals /conditions _____

**** Fee based on s.f. of improved area per current Fee Schedule**

Staff Signature

Date

Fee Amount _____
**

Fee Verified _____