

Application for Appeal

Office Use Only					
Tracking Number	Date Received	Fee Paid	Date of Brd Review	Date Recorded	Section/Township

Additional information will be required upon request of the Board of Adjustment or Board of Health. In addition, please attach any other information that you believe will be helpful in reviewing your application.

Please Print All Information.

1. Applicant Information			2. Property Owner Information (If different than Block 1)		
First Name	Last Name		First Name	Last Name	
Company Name			Company Name		
Address			Address		
City	State	Zip	City	State	Zip
Phone Number (area code)	Fax or E-mail	Cell Phone	Phone Number (area code)	Fax or E-mail	Cell Phone
3. Type of Appeal		4. Legal Description (Property for which Appeal is requested)			
<input type="checkbox"/> Environmental Health <input type="checkbox"/> Zoning					
5. Reason for which appeal hearing is requested					
6. Resolution Requested					
7. Summary of Fact. (Provide additional pages if necessary.)					

I hereby attest the truth and accuracy of all facts and information presented on this application and as part of this application.		Appeals must be approved by the Board of Adjustment, or Board of Health before any certificate or permit can be approved by the Zoning Administrator or Environmental Health Officer.
Applicant Signature:	Date:	
Owner Signature (unless same as applicant):	Date:	