

APPEAL TO THE BOARD OF APPEALS



Date Filed _____

Fee Paid _____

Fee for Zoning Change is: 300.00

Parcel Number _____ Phone Number _____

Applicant (property owner) _____

Physical Address _____

Mailing Address _____

To the Zoning Board of Appeals:

We the undersigned hereby make an appeal to the Zoning Administrator's opinion/decision dated _____ in the _____ case.

Explain what the Zoning Administrator granted or denied. _____

The description of the property involved in this appeal is: _____

The appeal is filed because: _____

Name (s) _____ Address _____

City _____ State _____ Zip _____

(Signed)

(Signed)

(Date)

ACTION (to be completed by Village Clerk)

Date appeal received _____ Notice published posted _____ & _____

Public hearing date _____ Notice posted _____

Zoning Board of Appeals Decision _____ Approved _____ Denied _____ Modified _____

Signed _____ Date _____