



**APPLICATION FOR APPEAL OF ANY ORDER, REQUIREMENT, OR DECISION
\$50 FEE**

Name of Appellant: _____

If Appeal relates to a specific property, provide the following information:

Address: _____

Use: _____

Nature of the Appeal: (Please submit any information pertaining to this decision and appeal)

Date of Order Requirement or Decision or Notice of Violation being appealed: _____

PRINT NAME: _____

SIGNATURE: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

Office Use Only
Date Appeal Received: _____
Date of Original Decision: _____
BZA/BAR Meeting: _____
BZA/BAR Decision _____

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