

Docket No. _____ Filed _____ (MO/DY/YR)

Non Refundable Filing Fee: \$300.00 Paid _____

**REQUEST FOR APPEAL
OF THE ZONING ADMINISTRATOR**

(This application must be typewritten or printed in triplicate and forms must be submitted for approval before any fees will be paid by the appellant.)

TO: DIRECTOR, PLANNING AND DEVELOPMENT DEPARTMENT

The undersigned hereby requests an appeal of the decision of the Zoning Administrator as follows:

1. Section of the Zoning Code upon which this appeal is based: _____

2. Order, requirement, decision, or determination orally provided by the Zoning Administrator:

3. Applicant's basis for appeal: _____

4. Supporting data, which should be reviewed by the Planning Commission:

5. What is the applicant's interest in this appeal? _____

In filing this application for a written interpretation, the undersigned understands and does hereby certify that all information herein is true to the best of his/her knowledge. Furthermore, applicant understands that such request will be processed in accordance with all requirements of s.656.109.

Signature of Applicant: _____

Address: _____

Telephone #: _____
