REQUEST FOR APPEAL
OF ADMINISTRATIVE DEVIATION BY THE ZONING ADMINISTRATOR

(This application must be typewritten 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 #:  _______________________________