



**BOARD OF ZONING APPEALS
ADMINISTRATIVE REVIEW**

FILING FEE: \$250.00

1. Property Location: _____

2. Tax Map #: _____ Group: _____ Parcel: _____ Zoning District: _____

3. I / We hereby appeal the decision of the Administrative Official in belief the interpretation of code to be in error. Please explain:

Applicant (Signature) Date

Applicant (Please Print) (_____) Telephone

Mailing Address City, State & ZIP

FOR OFFICE USE ONLY

1. Administrator's decision: Reversed ____ Upheld ____

2. It is the decision of the Board of Zoning Appeals that the proper interpretation of the Ordinance on the point in question is: _____

3. The Building, Planning and Zoning Department is, therefore, directed to: _____

4. Record of vote: Nays _____ Yeas _____

Date Chairman, Board of Zoning Appeals