



## APPLICATION FOR ADMINISTRATIVE APPEAL

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Docket Number: \_\_\_\_\_

Date Application Filed: \_\_\_\_\_

Public Hearing Date: \_\_\_\_\_

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### APPELLANT(S) INFORMATION

1) APPELLANT(S) NAME(S): \_\_\_\_\_

Names of Officers, Directors, Shareholders or Members (If Applicable):

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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2) PROPERTY OWNER(S) NAME(S): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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**\*PLEASE USE ADDITIONAL PAGES IF NEEDED\***

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3) APPLICANT(S) ATTORNEY: \_\_\_\_\_

Name of Law Firm: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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### PROPERTY INFORMATION

Property Address: \_\_\_\_\_

PVA Parcel Number: \_\_\_\_\_

**DECISION OF OFFICIAL FROM WHICH APPEALS IS MADE**

*Please describe the decision of official from which appeal is made:*

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**ZONING ORDINANCE REFERENCE**

*Please include the provisions of the Zoning Ordinance applicable to the appeal:*

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**APPLICANT'S CERTIFICATION**

*I do hereby certify that, to the best of my knowledge and belief, all application materials have been submitted and that the information they contain is true and correct. I further grant permission to the City-County Planning Commission to release all information associated with this application, including contact information, if requested by way of official public records inspection request form. Please attach additional signature pages if needed.*

Signature of Appellant(s):

Date:

1) \_\_\_\_\_

\_\_\_\_\_

*(please print name and title)*

2) \_\_\_\_\_

\_\_\_\_\_

*(please print name and title)*

*The foregoing signatures constitute all of the owners of the affected property necessary to convey fee title, their attorney, or their legally constituted attorney-in-fact. If the signature is of an attorney, then such signature is certification that the attorney represents each and every owner of the affected property.*

**REQUIRED FEES MUST BE PAID BEFORE ANY APPLICATION WILL BE ACCEPTED**

Application Fee: \_\_\_\_\_

Date Fees Received: \_\_\_\_\_