

APPEAL OF ADMINISTRATIVE OR HEARING OFFICER DECISION – QUESTIONNAIRE

NAME: _____ TAX CODE # _____

THE BOARD OF ZONING APPEALS IS HERE TO CAREFULLY CONSIDER YOUR REQUEST. TO THIS END, IT IS IMPORTANT THAT THE BOARD FULLY UNDERSTANDS THE SCOPE OF YOUR REQUEST. PLEASE COMPLETE THE QUESTIONNAIRE. IF A QUESTION DOES NOT APPLY TO YOUR REQUEST, INDICATE NA (NOT APPLICABLE).

1. Date of the action that is being contested: _____.
2. Identify the official, officer, board or body whose action you are contesting.
Name: _____
Title or Position: _____
Department or Board: _____
3. Specify in detail the action taken that you are contesting: _____

4. Explain in detail why you are contesting the action, setting forth in detail any facts which support your position:

5. Any additional information that you wish to provide the Board of Zoning Appeals regarding the details of your Appeal?

6. Please attach all documents, plans, papers, etc. in support of your position.

THIS QUESTIONNAIRE MUST ACCOMPANY YOUR APPLICATION. IF THE APPLICATION DOES NOT INCLUDE THE COMPLETED QUESTIONNAIRE, IT WILL BE CONSIDERED INCOMPLETE AND THE STAFF WILL NOT ACCEPT THE APPLICATION.