



APPLICATION FOR ADMINISTRATIVE APPEAL

Docket Number: _____

Date Application Filed: _____

Public Hearing Date: _____

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: _____

2) PROPERTY OWNER(S) NAME(S): _____

Mailing Address: _____ Phone Number: _____

_____ Cell Number: _____

_____ E-Mail Address: _____

PLEASE USE ADDITIONAL PAGES IF NEEDED

3) APPLICANT(S) ATTORNEY: _____

Name of Law Firm: _____

Phone Number: _____ Cell Number: _____

E-Mail Address: _____

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:

ZONING ORDINANCE REFERENCE

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

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: _____