



## 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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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: \_\_\_\_\_