APPLICATION FOR AN APPEAL TO THE CORINNE CITY COUNCIL

Case Number: _____

Date Submitted: _____

Address of Site: _____ SEAL

Applicant's Name: _____

Phone Number: _____

Address: _____

_____

NOTE: Applicant must submit a plat map (from the County Recorder's Office) which shows property location and a plot plan showing the nature of the request. (Show buildings, structure, driveways, etc. and all items relating to the appeal).

____ Plat Map Received ____ Plot Plan Received

FEE SCHEDULE:

____ $50.00 received for petition requesting a decision from the Board of Adjustment (non-refundable)

THIS APPEAL REQUEST:

____ A hearing to decide an appeal where it is alleged by appellant that there is an error in any order, requirement, decision of refusal in enforcing of the Zoning Ordinance.

___ A Variance: ___Lot Size ___Yard Setback ___Frontage Width ___Other

___ An interpretation of the Zoning map and/or Ordinance

___ Other: (Please specify) _____

PLEASE EXPLAIN YOUR APPEAL:

_____

_____

_____

STATE YOUR REASONNS FOR MAKING THE APPEAL:

_____

_____

_____

ANSWER THE FOLLOWING ONLY IF A VARIANCE IS REQUESTED:

1. List the special circumstances attached to this property which do not generally apply to other surrounding property in the same zone. (i.e. topography, natural features, unusual shape, etc.)

_____
_____
_____
_____
_____

2. What rights or privileges which are possessed by other properties in the same zone, is this property deprived of the above listed special circumstances?

_____
_____
_____
_____
_____

3. What are the unnecessary difficulties and hardships that will be imposed upon the appellant if the strict letter of the Zoning Ordinance is adhered to and the variance is not granted?

_____
_____
_____
_____
_____

SIGNED: _____DATE:_____
(Owner/Petitioner)

I authorize _____ to act as my agent in all matters relating to this application.

_____
(Owner)

_____
(Agent as Authorized by Owner)