



Certificate #: BZA-\_\_\_\_\_

Date Submitted: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

## Board of Zoning Appeals Appeal of Zoning Determination

### **Application Instructions and Checklist:**

**Instructions:** This form must be completed in its entirety with all required supplementary materials in order to be accepted and filed for a public hearing. Appeals must be filed no later than 30 days from the date of the order, requirement, decision or determination in order to be heard by the Board. Following application submittal, town staff will contact the applicant to outline the public hearing dates and notification requirements.

#### Application Checklist:

- \_\_\_\_\_ The appeal application form completed.
- \_\_\_\_\_ Required application fees (see below).
- \_\_\_\_\_ Seven (7) copies of the order, requirement, decision or determination that is subject to appeal.
- \_\_\_\_\_ Seven (7) copies of plans, pictures, drawings, or other documentation to supplement the appeal.
- \_\_\_\_\_ List of all adjacent property owners.

### **Property Owner Information:**

Property Owner Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Applicant Information (If Different from Owner):**

Applicant Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Appeal Background Information:**

Identify the order, requirement, decision, or determination that is the subject of the appeal. Attach one copy to the application:

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On what date was the order, requirement, decision, or determination made? \_\_\_\_\_

**\*\*The appeal must be filed within 30 days from the date of the order, requirement, decision or determination.\*\***

How is the applicant an aggrieved party to the order, requirement, decision or determination?

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

Property Tax Map Number:\_\_\_\_\_

Zoning District: \_\_\_\_\_ Zoning Overlay: \_\_\_\_\_

Why do you believe the order, requirement, decision or determination is incorrect and inconsistent with the Zoning Ordinance? Explain the basis of the appeal, beginning in the following space and use additional pages if necessary.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

**Required Fees:**

Appeal of Determination: \$200 (Checks can be made payable to the "Town of Mount Jackson")

**Applicant Signature:**

The applicant hereby certifies that the statements and documents included within this application are true, correct, and accurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_