



**APPLICATION FOR APPEAL TO THE BOARD OF ZONING
ADJUSTMENT
CITY OF DECATUR, ALABAMA**

APPLICANT NAME:	_____
MAILING ADDRESS: PLEASE INCLUDE CITY, STATE AND ZIP	_____ _____ _____
PHONE:	_____
PROPERTY OWNER NAME:	_____
MAILING ADDRESS: PLEASE INCLUDE CITY, STATE AND ZIP	_____ _____ _____
PHONE:	_____

PROPERTY LOCATION/STREET ADDRESS FOR REQUEST:
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NATURE OF THE APPEAL:
<input type="checkbox"/> HOME OCCUPATION <input type="checkbox"/> SETBACK VARIANCE <input type="checkbox"/> USE PERMITTED ON APPEAL
<input type="checkbox"/> SIGN VARIANCE <input type="checkbox"/> APPEAL OF ADMINISTRATIVE DECISION <input type="checkbox"/> OTHER

DESCRIBE IN DETAIL THE REQUEST: _____ _____ _____

APPLICANT SIGNATURE _____ PRINT NAME _____ DATE _____	OFFICE USE ONLY REVIEWED BY: _____ ZONING DISTRICT: _____ HEARING DATE: _____ APPROVED/DISAPPROVED: _____
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The Board of Zoning Adjustment meets the LAST Tuesday of each month at 4:00 PM in the Council Chambers of City Hall. Applications must be filed by the 10th of the month. Applicants MUST be present in order for the case to be heard. Please request a copy of this application.