

Application for an Appeal to the MORGAN COUNTY APPEAL AUTHORITY

*Meetings are scheduled as needed.
Applications must be received 30 days prior to the requested meeting date.*

Appeal No.: _____

Date Received: _____ Meeting Date requested: _____

Address of Site: _____

Applicant's Name: _____

Phone Number: _____

Mailing Address: _____

Email Address: _____

Note: Applicant must submit a plat map (from the County Recorder's Office) which shows the property location and a plot plan showing the nature of the request. (Plot plan must show all buildings, structures, driveways, etc. with their dimensions and all items relating to the appeal.)

_____ Plat Map Received _____ Plot Plan Received _____ List of Abutting Property Owners

Fee: _____ \$500.00 received for petition requesting a decision from the Appeal Authority (non-refundable) regarding Administrative decisions.

THIS APPEAL REQUEST:

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

_____ A variance: _____ lot size _____ yard setback _____ frontage width _____ other

Other: (Please specify) _____

Please explain your appeal: _____

State your reasons 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 because 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 Ordinances is adhered to and the variance is not granted?

SIGNED: _____

DATE: _____

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

(Owner)

(Agent as Authorized by Owner)