

**Notice of Appeal  
Zoning Board of Appeals  
City of Forest Acres**

Date Filed: \_\_\_ / \_\_\_ / \_\_\_

**Instructions**

This form must be completed to request a hearing of an appeal of administrative action by a zoning official, application for a **variance**, or application for **special exception**. Entries must be printed or typewritten. If the application is on behalf of the multiple property owners(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent.

An accurate, legible plat showing property dimensions and locations of the structures and improvements must be attached to an application for variance or special exception.

**THE APPLICANT HEREBY APPEALS [indicate one]:**

- action of a zoning official as stated on attached Form 2.
- for a variance as stated on attached Form 3.
- for a special exception as stated on attached Form 4.

**APPLICANT(S) [print]:**

Address:

Telephone No.: \_\_\_\_\_ [work] \_\_\_\_\_ [home] \_\_\_\_\_ [mobile]

Interest: \_\_\_\_\_ Owner(s) \_\_\_\_\_ Other (If "Other" ) indicate relationship: \_\_\_\_\_

**OWNER(S) [if other than Applicant(s)]:**

Address:

Telephone No.: \_\_\_\_\_ [work] \_\_\_\_\_ [home] \_\_\_\_\_ [mobile]

**USE REVERSE SIDE IF MORE SPACE IS NEEDED**

**PROPERTY ADDRESS:**

Tax Map No.: \_\_\_\_\_ Lot Dimensions: \_\_\_\_\_

Area: \_\_\_\_\_ Zoning District: \_\_\_\_\_

**DESIGNATION OF AGENT [complete only if owner is not applicant]:**

I (we) hereby appoint the person named as Applicant as my (our) agent to represent me (us) in this application.

Date: \_\_\_ / \_\_\_ / \_\_\_ Owner Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_ Owner Signature: \_\_\_\_\_

**I (we) certify that the information in this application and the attached Form 2, 3, or 4 is correct and I further understand that my application is scheduled to be heard at a meeting scheduled for 6:00 PM, the \_\_\_ day of \_\_\_\_\_ and that I, or my agent, MUST BE PRESENT in order for the application to be considered.**

Printed Name: \_\_\_\_\_

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