

1025 MEADE ST • 605-269-2247

CITY OF WHITEWOOD

APPEALS APPLICATION

ZONING BOARD OF ADJUSTMENT

THE FILING FEE FOR AN APPEAL OF ADMINISTRATIVE DECISION IS \$75 (NON-REFUNDABLE)

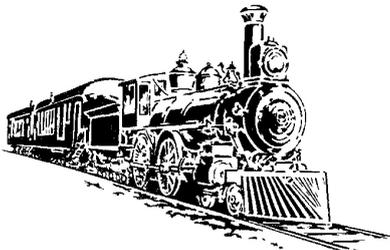
1. DISCUSS THE PROPOSED APPEAL WITH THE BUILDING INSPECTOR.
2. COMPLETE THE APPLICATION, SIGN AND RETURN WITH PAYMENT TO THE CITY OF WHITEWOOD FINANCE OFFICE. IN ADDITION TO THE ABOVE YOU WILL NEED TO PROVIDE THE FOLLOWING ITEMS:

✓ WRITTEN SUMMARY OF YOUR REQUEST

3. UPON SUBMITTAL OF THE ABOVE, STAFF WILL PROVIDE YOU WITH THE DATES AND TIMES OF THE FOLLOWING MEETINGS: (THESE DATES ARE SUBJECT TO CHANGE)

CITY COUNCIL PUBLIC HEARING: (1ST AND 3RD MONDAY)
PUBLICATION DATE

4. ONCE A CITY COUNCIL MEETING HAS BEEN SET THE WHITEWOOD CITY COUNCIL SHALL PUBLISH IN THE PAPER A NOTICE AT LEAST TEN (10) DAYS PRIOR TO THE HEARING IN THE OFFICIAL NEWSPAPERS OF GENERAL CIRCULATION WITHIN THE CITY.
5. IT IS RECOMMENDED THAT THE PETITIONER OR A REPRESENTATIVE ATTEND THE CITY COUNCIL MEETING TO ANSWER ANY QUESTIONS.



CITY OF WHITEWOOD APPEALS APPLICATION

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PETITIONER: _____

ADDRESS: _____

PHONE: _____

OWNER: _____

ADDRESS: _____

PHONE: _____

REASON FOR APPEAL _____

LOCATION OF PROPERTY: _____

LEGAL DESCRIPTION: _____

ACREAGE: _____ PRESENT ZONING: _____

EXISTING LAND USE: _____ PROPOSED LAND USE: _____

SURROUNDING ZONING NORTH: _____ SOUTH: _____ EAST: _____ WEST: _____

PHYSICAL CHARACTERISTICS: _____ UTILITIES: _____

THE OWNER, APPLICANT, OR AUTHORIZED AGENT, ACKNOWLEDGES: THAT HE/SHE HAS READ AND RECEIVED A COPY OF THE INSTRUCTION SHEET AND THIS APPLICATION FORM CONCERNING THE FILING AND HEARING OF THIS MATTER; THAT HE/SHE AUTHORIZES THE CITY OF WHITEWOOD STAFF AND DESIGNEES TO ENTER ONTO AND INSPECT THE ABOVE-DESCRIBED PROPERTY; AND THAT HE/SHE HAS BEEN ADVISED OF THE \$75 FEE REQUIREMENTS AND THEY HAVE BEEN PAID.

APPLICANT SIGNATURE: _____ DATE: _____

OWNER SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

CITY COUNCIL MEETING: _____ DATE OF PUBLICATION: _____

APPROVED REJECTED

APPLICATION FEE PAID: _____ CHECK# _____

ADMIN OFFICAIL: _____ DATE: _____