Town of Clear Lake Zoning Board of Appeals (BZA)

Administrative Appeal Feedback Form

Name: _____

Address: _____
Lake Address

Email: _____
Optional

Phone: _____
Optional

Recommendation: ☐ **Support** or ☐ **Oppose**

Comments of Consideration
Optional

Will you be attending the meeting: ☐ Yes ☐ No

If yes: ☐ Yes ☐ No

Email form to zoning@townofclearlake.org or drop off at the Town Hall