

APPLICATION FORM
ZONING ORDINANCE APPEAL
Town of Emmis

Legal Description of property: _____

Address or other location: _____

Zoning Classification: _____ Size Parcel _____

Decision Being Appealed: _____

Facts: _____

Owner(s):

(Record owner)

(Address)

Agent or Appellant

(Phone Number) (E-Mail Address)

(Name)

(Address)

(Phone Number) (E-Mail Address)

I understand that the filing fee accompanying this application is not refundable, that it pays for application processing and does not guarantee that the appeal will be granted. I attest that the information presented herein is factual and correct.

Signature: _____ Date: _____

(Record Owner or Appellant)

Application accepted by

Fee

All fees must be paid at time of submission of appeal application