



City of Shelby Board of Adjustment Appeal Application Form

Application No.: _____
Date: _____

Applicant's Name: _____

Applicant's Address: _____

Property Owner's Name: _____

Property Owner's Address: _____

Legal Relationship of Applicant to Property Owner: _____

Existing Use of Property: _____

Property Location: _____

Tax Map Number: ____ - ____ - ____ Lot Size: _____ Zoning District: _____

Date of Zoning Officer's decision: _____

Summary of Zoning Officer's decision: _____

Reason for appeal of decision: _____

Signature of Applicant

Date

Signature of Zoning Officer

Date

The names and addresses of adjoining property owners within 100 feet of the subject property, the completed application and the required filing fee of \$50 must be submitted to the Office of Zoning Administrator within 30 days of the appealed decision.

FOR STAFF USE ONLY

(PLEASE DO NOT WRITE BELOW THIS LINE)

Adjoining property owner's information attached: Yes _____ No _____

Public hearing date: _____

Notice to applicant and adjoining property owners mailed on: _____ INT. _____

Action taken by the Board of Adjustment: _____

Notification of Action mailed to applicant on: _____

Revised 8/17/2006