



**City of Shelby
Board of Adjustment
Interpretation Application Form**

Application No.: _____
Date: _____

SECTION I

Applicant's Name: _____

Applicant's Address: _____

I/We appeal to the Zoning Board of Adjustment from the adverse decision of the Zoning Enforcement Official, _____.

This adverse decision was made with respect to the property located at _____

Date of Zoning Officer's decision: _____

Property Owner's Name: _____

Property Location: _____ City Limits _____ ETJ _____

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

Existing Use of Property: _____

SECTION II

I/We hereby request the Board's interpretation of:

- The Official Zoning Map of the City of Shelby
- The Unified Development Ordinance (give applicable article number and section)

Statement of Applicant: (In the space provided present your interpretation of the Zoning Map and/or Ordinances provisions in question and state what reasons you have for believing your interpretation is the correct one. In addition, state what facts you can that would lead the Board to conclude that the decision of the Zoning Enforcement Official is incorrect.)

SECTION III

Provide the following information (where applicable):

1. All property lines with dimensions, distances of lot from the nearest intersection, and north arrow.
2. Existing locations of buildings on lot.
3. *If application is for a home occupation, provide floorplan of home.*
4. Vicinity map showing the surrounding properties with lot sizes and shapes, the nature of their uses, the locations of buildings on the lots abutting the property and important features.

I/We certify that the information contained in this application is correct to the best of my/our knowledge and belief.

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 \$200 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 05/19/04