

**APPLICATION FOR APPEAL
(INTERPRETATION OF ZONING CODE)**

Zoning Board of Appeals
Shelby County, Illinois

Appeal Application No. _____
Date: _____, _____
Perm. Parcel No. _____

(DO NOT WRITE IN SPACE BELOW - FOR OFFICE USE ONLY)

Hearing Date: _____, _____ Fee Paid: \$ _____
Date: _____, _____

Comments (Indicate actions such a continuance): _____

Decision/Interpretation of Board of Appeals: _____

Instructions to Applicants: An applicant may appeal for in interpretation, modification or reversal of a decision of the Zoning Administrator. The applicant must present his/her case to the Zoning Board of Appeals, explaining how his/her interpretation differs from that of the Zoning Administrator's.

All information requested below must be provided before a meeting will be set with the Zoning Board of Appeals. Applicants are encouraged to visit the office of the Zoning Administrator for any assistance needed in filling out this form.

1. Name of Applicant(s): _____ Phone: _____

Address: _____
(Street) (City) (Zip Code)

2. Property interest of applicant:
() Owner () Contract Purchaser () Lessee () Other: _____

3. Name(s) of Owner(s) (if other than applicant): _____

Phone: _____ Address: _____
(Street) (City) (Zip Code)

4. Description of property (if appeal is made with regard to a specific parcel of property):

A. Address of property: _____

B. Legal description: (Lot, block and subdivision or metes and bounds):

C. Present use of property: _____

D. Present zoning of property: _____

5. Decision or action of Zoning Administrator which is being repealed:

6. The applicant contends that in compliance with Section(s) _____
_____ of the Zoning Ordinance, the decision
of the Zoning Administrator should be revised or modified as follows:

7. "I certify that all of the above statements and the statements contained
in any papers or plans submitted herewith are true and accurate."

Date: _____, _____ APPLICANT: _____