

VILLAGE OF BELLEVUE BOARD OF APPEALS
APPEAL FROM ZONING ADMINISTRATOR'S DECISION

FEE \$ _____

DATE FILED _____

APPEAL NO. _____

Please type or print all information legibly.

Should you wish to appeal a decision of the Zoning Administrator, please complete this form. A \$100.00 Residential or \$200.00 Commercial filing fee made payable to the Village of Bellevue must accompany this Appeal. If you need additional space, please use the reverse side of this form.

APPELLANT'S NAME _____ PHONE _____

ADDRESS _____

1. The appellant's interest in the property under consideration is as _____
_____ (e.g. owner, buyer, trustee, etc.)

2. The owner of record presently is _____

3. The legal description of the property under consideration is (a parcel # and street address will suffice) _____

4. Please state the action of the Zoning Administrator that you are appealing:

5. Please state how you would like the Board of Appeals to reverse or modify the Zoning Administrators decision:

6. Please state why the Zoning Administrators decision should be reversed or modified:

Dated this ___ day of _____, 201__.

(Signed) _____, Appellant

(Signed) _____, Owner (if not same as appellant)