NOTICE OF APPEAL TO THE CLEVELAND COUNTY BOARD OF ADJUSTMENT

APPEAL FROM AN ACTION OF THE ADMINISTRATOR AND/OR PETITION FOR AN INTERPRETATION OF THE CODE OF ORDINANCES

Name of Applicant:		Case #:	
Mailing Address:		Permit App. #	
	App. Date:		
Phone #: (Home)	(Business)	Fee: <u>\$200.00</u> Paid on:	
TO THE CLEVELAND COUNT	Y BOARD OF ADJUSTMENT:		
	oard Of Adjustment from the fol nances:	lowing adverse decision of the Administrator of the	
This adverse decision was mad	e with respect to the property locate	ed at	
(Address)			
Parcel #	in	Zoning District.	
Title to this property is in the na	me of:		
Name			
Mailing Address			
City / State / Zip Code	**********	******************	
I/We, the undersigned, hereby	request an interpretation of:		
the Zoning Mar			
the following se	ection(s) of the text of the Developn	nent Ordinance	
insofar as the map and/or the o	rdinance relates to the use of the p	roperty located as stated above.	

STATEMENT BY APPELLANT: (On the back of this form, present your interpretation of the codes provisions in question

and state what reasons you have for believing that your interpretation is the correct one.)

I certify that all the information presented by me in this application is accurate to the best of my knowledge information, and belief.
Signature of Applicant