



**APPLICATION FOR APPEAL**  
**CITY OF TROY BOARD OF ZONING APPEALS**

Board of Zoning Appeals meetings are held every 2nd and 4th Tuesday of the month at 3:30 p.m. in the council chambers on the second floor. Completed applications are due two weeks prior to the meeting. Applicant(s) will be notified if your application is scheduled on the agenda.

Address of Project: \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Interest in Property (owner, manager, etc.): \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

List the particular section(s) of the Zoning Code which pertain to this appeal (For example, "Section 1143.08(f)(5) Rear yard setback")

State the decision of the Zoning Administrator with respect to the interpretation of the above sections of the Zoning Code (see denial letter for reference).

State clearly your appeal of the Zoning Administrator's interpretation of the Zoning Code. Enumerate each section of the Zoning Code as necessary (be as specific as possible).



ONE (1) COPY OF INFORMATION TO BE SUPPLIED BY APPLICANT:

- A. Denied Zoning Permit Application: Application submitted by the applicant for a Zoning Certificate which was denied by the Zoning Administrator. Attach as EXHIBIT "A."
- B. Letter of Order or decision by the Zoning Administrator. Attach as EXHIBIT "B."
- C. Site Plan: Actual dimensions of subject property according to recorded plat of such property. Also include the present zoning district, use, height, location and ground area of all existing and proposed buildings, off-street parking, vehicular entrances and exits, signs, landscaping, and any other uses appropriate for said application. Attach as EXHIBIT "C."
- D. Property Owner List: Identify the city lot number for each property, the property owner's name, property address, and the property owner's address (this may be different from property address - check with the County Auditor tax list) of all contiguous properties beginning with the subject property. NOTE: THE PROPERTY OWNER'S LIST AND MAP CAN BE OBTAINED FROM THE COUNTY PROPERTY TAX RECORDS (TAX MAPS). Attach as EXHIBIT "D."
- E. Property Owner Map: Identify on a map (using a scale of one (1) inch = 100 feet) the owners of property abutting the applicant's property, and owners of property directly across any street or alley, as they shall appear on the notice of appeal. Attach as EXHIBIT "E."
- F. One (1) copy of county tax map(s)
- G. Check issued to City of Troy for \$200.00

By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to allow City of Troy employees to enter the property in order to complete necessary inspections. I agree to conform to all applicable laws of the City.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Check List:

- Signed Application
- Exhibit A
- Exhibit B
- Exhibit C
- Exhibit D
- Exhibit E
- County Tax Maps
- Filing Fee

Public Hearing Date: \_\_\_\_\_

Decision of the Board:      Approved                      Denied                      Approved with contingencies

Contingencies: \_\_\_\_\_

Date of Decision: \_\_\_\_\_