

CITY OF MUSCATINE

APPEAL UNDER THE ZONING ORDINANCE

NOTE: This appeal must be filed within thirty (30) days of the decision or refusal of the Zoning Administrator, from which this appeal is taken.

Board of Adjustment Case No.: _____

Filed: _____

BOARD OF ADJUSTMENT
CITY OF MUSCATINE, IOWA

Ladies and Gentlemen:

On _____, the undersigned applied for (a building/an occupancy) permit to

Located on Lot _____ Block _____ Addition _____ Address _____
_____ in the _____ Zoning District.

This permit was refused because (this is to be completed by the Zoning Administrator):

The above decision of the Zoning Administrator is hereby appealed on the grounds that

Very truly yours,

APPELLANT SIGNATURE

PRINT NAME

ADDRESS

PHONE

Fee Paid: _____
Receipt No.: _____
Date of Hearing: _____
Notice Sent: _____
Approved by Andrew Fangman: _____

Filing fee is \$150.00.

APPLICANT, OR REPRESENTATIVE FOR, MUST BE PRESENT AT MEETING FOR ACTION TO BE TAKEN.

- CHECK LIST**
- Request must be submitted two weeks prior to meeting date. Board meets the first Tuesday of each month.
 - Letter of explanation for request.
 - Site plan.
 - Names & addresses of property owners within 200 feet of property lines.