

NOTICE OF APPEAL

TOWN OF CLOVER

Board of Zoning Appeals

Date Filed: _____ Permit Application #: _____ Appeal #: _____

INSTRUCTIONS

This form must be completed on a hearing on **appeal** from action of a zoning official, application for a **variance**, or application for **special exception**. Entries must be printed or typewritten. If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent. Eight (8) copies of a site plan must be submitted with an application for variance or special exception.

THE APPLICANT HEREBY APPEALS [indicate one]:

- ___ from action of a zoning official as stated on *Appeal from Action of Zoning Official*.
___ for a variance as stated on attached *Variance Application*.
___ for a special exception as stated on attached *Special Exception Application*.

APPLICANT(S) [Print.]

Name: _____
Address: _____
Telephone: _____ Fax: _____
Email: _____

OWNER(S) [if other than Applicant(s)]

Name: _____
Address: _____
Telephone: _____ Fax: _____
Email: _____

*Use
reverse
side if
more
space is
needed.*

PROPERTY ADDRESS: _____

Lot _____ Block _____ Subdivision _____
Tax Map # _____ Plat Book _____ Page _____
Lot Dimensions _____ Area _____
Zoning District _____

DESIGNATION OF AGENT [complete only if owner is not applicant]

I (we) hereby appoint the person named as Applicant as my (our) agent to represent me (us) in this application.

Date: _____

Owner Signature(s)

I (we) certify that the information in this application and the site plan is correct.

Date: _____

Applicant Signature(s)