CITY OF WADSWORTH
BOARD OF ZONING APPEALS
APPLICATION FOR ZONING APPEAL

Name of Applicant: _____

Mailing Address: _____

Phone Number: _____ **Email:** _____

Project Location: _____

Zoning District: _____ **Previous Requests:** _____

Appeal Requested:

Describe the action or decision of the Zoning Inspector/Planning Commission being appealed and support why the Board should overturn such action or decision. Attached additional sheets if necessary.

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Date: _____ **Fee:** **$100**

Signature of Applicant: _____

Date Hearing Advertised: _____ **Date of Public Hearing:** _____

Decision: _____

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Date of BZA Action: _____

_____ _____

BZA Chairman **BZA Secretary**