

File #: _____
Date Received by City: _____
Fee: \$ _____

**CITY OF FAIRBANK, IOWA
APPLICATION FOR APPEALING
A ZONING ADMINISTRATOR INTERPRETATION TO BOARD OF ADJUSTMENT**

I/We the undersigned wish to respectfully request that a determination be made by the Board of Adjustment regarding an interpretation or opinion made by the Zoning Administrator regarding the City's Zoning Ordinance.

Applicant Information:

Name of Applicant:
Applicant's Address:
Applicant's Telephone Number:
Applicant's Alternate Telephone Number (Optional):
Applicant's Fax Number (Optional):
Applicant's Email Address (Optional):

Property Information:

General Address of Property in Question (parcel number, street address or road address):
Legal Description of Property in Question (Attach, if necessary):
<i>Attach a site plan or plot plan and names of property owners within two hundred (200) feet of the property in question.</i>

Request Information:

Existing Use of Property:
Existing Zoning Classification
Cite Specific Section of the Ordinance:
Zoning Administrator's Interpretation:
Date of Interpretation:

Applicant's Interpretation:

Ordinance Standards:

The Board of Adjustment in its evaluation and decision-making process must meet the following requirements for an appeal:

The Board of Adjustment may, in conformity with the provisions of the law, reverse or affirm, wholly or partly, or modify the order, requirement, decision, or determination as it believes proper and to that end will have the powers of the Zoning Administrator. The concurring vote of three (3) members of the Board shall be necessary to reverse any order, requirement, decision or determination of the Zoning Administrator, or to decide in favor of the applicant on any matter which it is required to pass under this Ordinance, provided that the action of the Board shall not become effective until after the written decision or resolution of the Board, setting forth the full reason for its decision and the vote of each participating member has been recorded in the minutes. Said written decision or resolution shall be filed in the office of the Zoning Administrator and shall be open to public inspection.

Acknowledgement and Certification of the Applicant and/or Owner:

I/We understand this application, and that it with any required attachments, constitutes our entire request and that a decision shall be made based on the City Comprehensive Land Use Plan and City ordinances; this application and any attachments; and public input. I/We certify that the information we have provided to the Zoning Administrator and Board of Adjustment is complete, accurate, and true to the best of our knowledge. Any intentional falsification, or change in the information, or failure to meet and maintain the requirements contained in this application, or to the attached information, shall cause: this application to become null and void; the nonrefundable fee to be forfeited; and any approved appeal to be revoked.

I/We understand the nonrefundable fee for having a appeal application considered is \$50.00. Under no circumstances shall all, or part, of this fee be refunded to applicant.

In order to address any questions or issues that may arise during this process, it is strongly suggested that the applicant/owner be present at all meetings during review of this application. Unanswered questions or unresolved issues caused by the absence of the applicant may cause the application to be rejected.

Applicant Signature

Owner Signature, if not the applicant

Date: _____

Date: _____