



CERTIFICATE #: BZA- _____
 DATE SUBMITTED: _____
 FEE PAID: _____

BOARD OF ZONING APPEALS APPEAL OF ZONING DETERMINATION

Application Instructions and Checklist:

Instructions: This form must be completed in its entirety with all required supplementary materials in order to be accepted and filed for a public hearing. It is recommended, but not required, to set up a pre-application meeting with the Zoning Administrator prior to filing of the application. Appeals must be filed no later than 30 days from the date of the order, requirement, decision or determination in order to be heard by the Board. Following application submittal, City staff will contact the applicant to outline the public hearing dates and notification requirements.

Application Checklist:

- This appeal application form completed.
- Required application fees (see below).
- Seven (7) copies of the order, requirement, decision or determination that is subject to appeal.
- Seven (7) copies of plans, pictures, drawings, or other documentation to supplement the appeal.
- List of all adjacent property owners within 300 feet of the subject property. (City staff can research and provide the list for the applicant for a \$25 fee).
- Tax confirmation form
- Disclosure of equitable ownership of the property including, in the case of corporate ownership, the names of stockholders, officers and directors, and in any case the names and addresses of all of the real parties of interest.

Property Owner Information:

Property Owner Name:

Property Address:

Email:

Phone:

Applicant Information (If Different From Owner):

Applicant Name:

Mailing Address:

Email:

Phone:

Appeal Background Information:

Identify the order, requirement, decision, or determination that is the subject of the appeal. Attach one copy to the application:

“To provide a safe, vibrant, sustainable community while striving to constantly improve the quality of life for our citizens and economic partners.”

On what date was the order, requirement, decision, or determination made? _____

****The appeal must be filed within 30 days from the date of the order, requirement, decision or determination.****

How is the applicant an aggrieved party to the order, requirement, decision or determination?

Subject Property Address: _____

Property Tax Map Number: _____

Zoning District: _____ Zoning Overlay: _____

Why do you believe the order, requirement, decision or determination is incorrect and inconsistent with the Zoning Ordinance? Explain the basis of the appeal, beginning in the following space and use additional pages if necessary.

Required Fees:

- 1) Appeal of Determination: \$200.00 (checks can be made payable to "Treasurer, City of Winchester")
- 2) Required Public Hearing Sign Deposit: \$50.00 (one sign and deposit is required per public street frontage)
- 3) Adjacent Property Owner List: \$25.00 (optional fee if applicant desires staff to research and provide list)

Applicant Signature:

The applicant hereby certifies that the statements and documents included within this application are true, correct, and accurate.

Applicant Signature: _____ Date: _____