

**APPLICATION FOR APPEAL OF ADMINISTRATIVE DECISIONS
(DENIAL OF SIGN PERMIT/BUILDING PERMIT/BUILDING INSPECTOR
DETERMINATIONS)
CITY OF LEEDS, ALABAMA**

Date Application Filed: _____ Requested Hearing Date: _____

Applicant: _____ Phone: _____

Address: _____

Email Address: _____

Owner of Record: _____ Phone: _____

Address: _____

Email Address: _____

Address of Property Involving Appeal: _____

Nature of Appeal: _____

Reason for Appeal: _____

Tax Map ID#: _____ Existing Zoning: _____

Existing Land Use: _____

The following item must be submitted with the application at least 30 days prior to the Leeds Zoning Board of Adjustment Public Hearing. Applicant must be present at the hearing.

1. \$100.00 Application Fee Received _____

Signature of Applicant: _____ Date: _____

Signature of Authorization by Owner: _____ Date: _____

FOR CITY USE ONLY:

Application received at City by: _____ On: _____

Date of Publication: _____

Certified Mail Letter sent (Sec. 7.0 of Zoning Ordinance): _____

Date of ZBA Public Hearing: _____