APPLICATION FORAN APPEAL
(Section 4.4 Interpretation and Enforcement)
PLANNING DEPARTMENT

700 Fox Trail, Opelika, AL 36801
P: (334) 705-5156 F (334) 705-5159

Date Submitted:	Meeting Deadline:
Case Number:	Meeting Date:

PART I. OWNER/APPLICANT INFORMATION

_____

Owner Name **Address** **Phone**

_____

Agent Name (If applicable) **Address** **Phone**

PART II. PARCEL INFORMATION

Street Address:_____

Complete Parcel Number: _____

Current Zoning: _____**Current Land Use:** _____

PART III. Provide a Brief Description of the Interpretation/Appeal (state section of the Zoning Ordinance subject to appeal)

Request:

_____

_____

_____

_____

I hereby request that the Zoning Board of Adjustment review and interpret a decision of the Zoning Administrator. I understand that the City of Opelika may require additional information when reviewing the case.

_____ _____

Signature **Date**