



APPLICATION FOR APPEALS
(Section 4.4)
PLANNING DEPARTMENT
700 FOX TRAIL
OPELIKA, AL 36801



DATE:	Zoning Board of Adjustment Meeting Date:
Case Number:	Meeting Deadline:

PART I. OWNER / APPLICANT INFORMATION

_____	_____	_____
<i>Owner Name</i>	<i>Address</i>	<i>Phone</i>
_____	_____	_____
<i>Agent Name (if applicable)</i>	<i>Address</i>	<i>Phone</i>

PART II. PLANNING DIRECTOR/ZONING ADMINISTRATOR INTERPRETATION AND DECISION

_____ Signature _____ Date

PART III. PARCEL INFORMATION

Street Address: _____
 Current Zoning: _____
 Current Land Use: _____

PART IV. Provide a Brief Description and Reason for the Appeal (attach site plan and zoning map)

