

I hereby certify that all information contained herein is true and correct, and that all submission requirements have been met.

APPLICANTS SIGNATURE DATE _____

APPLICANTS NAME: _____

ADDRESS: _____

ZIP: _____ PHONE: _____

OFFICE USE

This application for an Administrative Appeal is hereby:

Approved [] Disapproved [] Conditionally Approved []

based on the Board of Adjustment's action on _____
DATE

DIRECTOR OF ADMINISTRATION DATE _____

INSTRUCTIONS FOR ADMINISTRATIVE APPEAL

SUBMISSION REQUIREMENTS: Submit completed application.

PROCEDURE FEE: Administrative Appeal = \$50.00

1. Submit completed application at least 21 days prior to the Board of Adjustment meeting date along with the prescribed fee. The Board of Adjustment meets the _____ in the Council Chambers, City Hall, 501 Sheppard Road, Burkburnett, Texas 76354.
2. A staff report on this application will be mailed to the applicant at least 10 days prior to the Board of Adjustment meeting date.

IF YOU HAVE FURTHER QUESTIONS, PLEASE CALL THE PLANNING DIVISION AT (940) 569-2263