

CITY OF WEIRTON - ADMINISTRATIVE APPEAL BOARD OF ZONING APPEALS

APPLICANT

NAME

INFORMATION

PHONE

ADDRESS

CITY

STATE

ZIPCODE

Attachment to Application No.:

DATE:

**PROPERTY OWNER
/ PROPERTY
ADDRESS (if same as
applicant, write SAME) /**

NAME

PHONE

ADDRESS

**NARRATIVE OF
ZONING DECISION****ATTACHMENT(S)**

YES

NO

SUPPORTING INFORMATION: Attach a narrative statement relative to your plan and the requirements of the ordinance

APPEAL BASIS AND NARRATIVE

I (WE) APPEAL THE ABOVE ZONING DECISION ON THE FOLLOWING BASIS;

A non-refundable Application fee of \$100.00 must be paid at time of application.

I certify that the information contained in this application and its supplements to be true and correct.

Name of Applicant(s) (please print):

Signature:

Date:

Signature:

Date: