



Date: _____

Application Number: _____

Review Fee: \$

VILLAGE OF LAKEVIEW APPEAL APPLICATION

Applicant Information

Name: _____

Street Address: _____

City: _____ Zip: _____ Phone: _____ E-Mail: _____

To appeal a zoning decision the applicant must have an interest in the decision, such as being the owner of the property the decision affected or being a neighbor of the property affected by the decision.

Nature of the Applicants Interest in the Decision:

The appeal must be filed within 30 days of the date of the decision

Date of the decision:

Description of the Decision BeingAppealed and the Reason for the Appeal (How was the decision incorrect) Attach additional pages if necessary

(See reverse)

Signature of Applicant

Print/type name

Date

Attach supporting documentation such as letter from zoning administrator, minutes of planning commission meeting, notice of hearing

FOR OFFICE USE ONLY

_____ Date notice of ZBA meeting published.

_____ Date notice of ZBA meeting mailed to residents and property owners within 300' of subject parcel, if applicable.

Attach copy of published notice and list of property owners sent notice.

ZBA Decision

Approval Denial Approval w/conditions

Date of ZBA meeting (minutes attached): _____

Remarks: _____