



CITY OF SARALAND
BOARD OF ZONING ADJUSTMENT
REQUEST FOR ADMINISTRATIVE REVIEW

Notice to Applicants:

An **Administrative Review** is a refining mechanism available to the Board of Zoning Adjustment to review and decide appeals where it is alleged there is error in any order, requirement, decision, or determination made by the Building Inspector, Zoning Enforcement Officer, Code Enforcement Officer, or other administrative official involved in the enforcement of this Ordinance.

DATA ON APPLICANT AND/OR OWNER

Name of Applicant(s): _____

Address of Applicant(s) _____
(Street Address)

(City) (State) (Zip Code)

Phone Number: _____ E-mail: _____

Property Interest of Applicant(s): _____
(Owner, Contract Purchaser, Etc.)

Name of Owner(s) _____

DESCRIPTION, USE, AND ZONING OF PROPERTY

Location _____

Lot Size _____ X _____ ft. = _____ Sq. Ft.

Present Use _____
(Vacant, Residence, Grocery, Factory, Etc.)

Present Zoning _____

The undersigned, hereby petitions the Board of Zoning Adjustment to hear and determine the appeal for Administrative Review of the following decision:

Made by: _____ Building Inspector

_____ Code Enforcement Officer

_____ Building Official

_____ Other Administrative official

Date of Decision: _____

This Section of the Land Use & Development Ordinance provides for the following:

What are the facts which cause you to conclude the Administrator decision was in error?

(I/we) hereby certify that all the above statements and the statements contained in any papers or plans submitted are true to the best of (my/our) knowledge and belief.

Signature of Applicant

Date

Signature of Owner

Date

Signature of Owner

Date

Note: The applicant or the agent (if an agent is authorized) must be present at the hearing.