

CRAWFORD COUNTY ZONING

TIM BEERY, ZONING ADMINISTRATOR

1202 Broadway Suite 1 ~ Denison, IA 51442

Phone: (712) 269-7418

Account # 0001-1-10-6300-5020000

APPEAL TO THE ZONING BOARD OF ADJUSTMENT

Applicant _____ Date _____

Address _____

_____ Phone: (____) _____

Application is hereby made to the Board of Adjustment for:

Interpretation of the zoning ordinance or map (Sec. 2.15-1)

Special exception to the ordinance (Sec. 2.15-2)

Variance from the ordinance requirements (Sec. 2.15-3)

The purpose of this appeal is to permit: _____

Legal description of the property affected: _____

Lot of Tract Area: _____ Estimated Cost: _____

Front Yard: _____ Zoning District: _____

Side Yard: _____ Height: _____

Rear Yard: _____ Off-Street Loading: _____

Principal Use: _____

Accessory Use: _____

Other information: _____

Attach supporting data required by Section 2.15 (2) or 2.15 (3)

Signed: _____

Applicant