

<b>Application to Appeal Administrator's Decision</b>	 <b>MARSHVILLE</b> <i>Moving Forward Together</i>	Permit #: AP _____ - _____ Date received: _____ Staff initials: _____
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**Applicant Information:**

Name:	Address:
E-mail address:	Telephone:
Applicant signature & date:	
Property owner if different:	Address:
E-mail address:	Telephone:
Property owner signature & date:	

**Property Information:**

Property address:	PID #:	Zoning:
Existing use of property:		

**Zoning Administrator's Decision**

Date of Decision:
Summary of Decision:
Applicant's Reason for Appeal of Decision:

**\*\* Office Use Only \*\***

**Board of Adjustment Decision**

BOA Hearing Date:	BOA Decision: <input type="checkbox"/> Uphold Decision <input type="checkbox"/> Overturn Decision
Notice to applicant and adjoiners mailed on (date):	
Property posted on (date):	
Notification of Action mailed to applicant on (date):	
Signature, Planning & Zoning Administrator:	
<i>Signature</i>	<i>Date</i>