

**TOWN OF WISE
BOARD OF ZONING APPEALS
APPEAL OF AN ADMINISTRATIVE DECISION
FEE: \$75.00 _____**

NOTICE: This appeal must be typewritten or legibly handwritten. It must be filed within 30 days of the issuance of the Zoning Permit Denial and accompanied by all required data.

Appellant's Name: _____

Mailing Address: _____

Telephone: day _____ evening _____

Date of Preparation of Appeal: _____

Current Zoning District Designation: _____

Owner of Subject Property (name and address): _____

**Attachment: Sketch or drawing of property
Copy of Zoning Administrator's Decision**
.....

TO THE WISE BOARD OF ZONING APPEALS:
I hereby appeal a decision of the Zoning Administrator dated _____, _____, a copy of which is attached hereto. The premises affected are located at _____ and consist of _____.

I submit that the Zoning Administrator has made the following error(s) in administering the provisions of the Town's Zoning Ordinance (provide code cites and principal points on which appeal is based):

AFFIDAVIT: I hereby depose and certify that all of the above statements submitted herewith are true.

Appellant's Signature

NOTE: The filing of an appeal of an administrative decision with the Board of Zoning Appeals and payment of the required filing fee does in no way assure approval. The matter will be discussed and considered during a required public hearing and a decision will be rendered by the Board. Any person who feels aggrieved by a decision of the Town's Board of Zoning Appeals has the right to present a writ of certiorari to the Judge of the Wise County Circuit Court in the manner prescribed by law.



OFFICE USE: Date Appeal Filed with the Town: _____
(Staple postmarked envelope to the back of the appeal if received by mail)