

# NOTICE OF APPEAL

## TOWN OF CLOVER

### Board of Zoning Appeals

Date Filed: \_\_\_\_\_ Permit Application #: \_\_\_\_\_ Appeal #: \_\_\_\_\_

#### **INSTRUCTIONS**

This form must be completed on a hearing on **appeal** from action of a zoning official, application for a **variance**, or application for **special exception**. Entries must be printed or typewritten. If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent. Eight (8) copies of a site plan must be submitted with an application for variance or special exception.

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#### **THE APPLICANT HEREBY APPEALS [indicate one]:**

- \_\_\_ from action of a zoning official as stated on *Appeal from Action of Zoning Official*.  
\_\_\_ for a variance as stated on attached *Variance Application*.  
\_\_\_ for a special exception as stated on attached *Special Exception Application*.

#### **APPLICANT(S)** [Print.]

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

#### **OWNER(S)** [if other than Applicant(s)]

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

*Use  
reverse  
side if  
more  
space is  
needed.*

#### **PROPERTY ADDRESS:** \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Tax Map # \_\_\_\_\_ Plat Book \_\_\_\_\_ Page \_\_\_\_\_  
Lot Dimensions \_\_\_\_\_ Area \_\_\_\_\_  
Zoning District \_\_\_\_\_

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#### **DESIGNATION OF AGENT** [complete only if owner is not applicant]

I (we) hereby appoint the person named as Applicant as my (our) agent to represent me (us) in this application.

Date: \_\_\_\_\_  
\_\_\_\_\_  
Owner Signature(s)

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I (we) certify that the information in this application and the site plan is correct.

Date: \_\_\_\_\_  
\_\_\_\_\_  
Applicant Signature(s)