

ADMINISTRATIVE APPEAL APPLICATION

Chapter 170, Section Y 4, Town of Troy Zoning Ordinance

File #: _____

Office Use Only

APPLICANT INFORMATION

Applicant Name: _____ Owner (if not applicant): _____

Mailing Address: _____ Mailing Address: _____

Daytime Phone: (____) _____ Daytime Phone: (____) _____

E-mail: _____ E-mail: _____

TYPE OF ACTION

Appeal of Code Interpretation

Appeal of Zoning District Boundary

Appeal of Administrative Official Decision/Order

Official's Title: _____

PROPERTY DETAILS

Site Address: _____

Property Location: _____ 1/4, _____ 1/4, Sec. _____, T. _____ N., R. _____ W., Town of Troy *(Complete legal description must be attached.)*

Parcel Identification Number(s): _____

Zoning District: _____ Lot Area (sq. ft.) _____ Lot Dimensions: _____

Current Use(s) & Improvements: _____

REASON FOR APPEAL

Check the type of administrative decision being appealed and indicate reason for appeal.

Administrative decision/order in dispute. (Indicate the specific decision or order and reason for dispute.):

Ordinance interpretation of administrative official (include section number):

Describe petitioner's interpretation and rationale:

Zoning district boundary interpretation of administrative official (location and districts involved):

Describe petitioner's boundary location criteria and determination:

FEES

Application Fee: \$ _____ (plus professional
Supplemental Application Fees: _____ x _____ (# of additional requests) \$ _____ fees/expenses)
Total Fees: \$ _____

- All application fees must be submitted with application and are non-refundable.
- Additional fees paid as directed by the Town Clerk.
- Fees will be doubled for applications submitted after construction project initiated, and/or written enforcement action has commenced.

I attest that the information contained in this application is true and correct to the best of my knowledge.

Applicant Signature: _____ **Date** _____

Owner (if not applicant) Signature: _____ **Date** _____

OFFICE USE ONLY			
Pre-application Meeting: ___/___/___	With: _____		
Complete Application Accepted: ___/___/___	By: _____		
Fee Received: ___/___/___ \$ _____	Receipt #: _____	Scheduled Hearing Date: ___/___/___	