



# APPLICATION FOR APPEAL

Department of Safety and Inspections  
375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806  
651-266-9008

### Zoning office use only

File no. \_\_\_\_\_

Fee \_\_\_\_\_

Tentative hearing date:  
\_\_\_\_\_

#### APPLICANT

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Daytime phone \_\_\_\_\_

Name of owner (if different)

#### PROPERTY LOCATION

Address \_\_\_\_\_

Legal description: \_\_\_\_\_

\_\_\_\_\_  
*(attach additional sheet if necessary)*

**TYPE OF APPEAL:** Application is hereby made for an appeal to the:

- Board of Zoning Appeals       City Council

under the provisions of Chapter 61, Section \_\_\_\_\_, Paragraph \_\_\_\_\_ of the Zoning Code, to appeal a decision made by the \_\_\_\_\_

on \_\_\_\_\_, 200\_\_\_\_. File number: \_\_\_\_\_  
*(date of decision)*

**GROUND FOR APPEAL:** Explain why you feel there has been an error in any requirement, permit, decision or refusal made by an administrative official, or an error in fact, procedure or finding made by the Board of Zoning Appeals or the Planning Commission.

\_\_\_\_\_  
*(attach additional sheet if necessary)*

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_ City agent \_\_\_\_\_