

The City of Grand Mound
Notice of Appeal Form Ch. 166 Zoning Regulations

Name of Applicant: _____

Mailing Address of Applicant: _____

Email Address of Applicant: _____

Phone Number of Applicant: _____

Street Address & Full Legal Description of the building site:

Specifications of the particular grounds for the appeal:

By my signature, I certify the request for the Zoning Board of Adjustment to conduct an appeal hearing and understand the board may reverse or affirm, wholly or partly, or may modify the order, requirement, decision, or determination appealed from and may make such order requirement, decision, or determination as ought to be made, and to that end shall have all the powers of the officer from whom the appeal is taken.

Signature of Applicant

Date: ___/___/___

Payment of \$150.00 is required prior to setting the appeal meeting (Resolution 2021-13)

Office Use

Fee \$150.00 Received _____ Payment Type _____ Date _____

Date the appeal meeting is set for: ___/___/___

Signature of the Zoning Administrator: _____