Application For Appeal

Board of Adjustment

STATE OF ALABAMA)
COUNTY OF MOBILE)
CITY OF CREOLA)

Name of Applicant(s)

Complete Mailing Address

Telephone Numbers Home Work

This Application Requires a Filing Fee
To Be Presented To the City Clerk or A Duly Authorized Representative

Amount Received City Clerk Signature Date

The Undersigned formally appeal the decision by the Zoning Enforcement Officer to with regard to Application Number _____ which was denied on _____(date).

It is the contention that the following error was made in the determination provided by the Zoning Enforcement Officer. (Attach additional sheets if necessary.)

Applicant Date

Applicant Date

Applicant Date