



**APPLICATION FOR AN
APPEAL TO THE
BOARD OF ZONING
APPEALS**

**Planning and Zoning
Huntington City Hall
800 Fifth Avenue
P.O. Box 1659
Huntington, WV 25717
(304) 696-5540, opt 3**

Applicant Name: _____ **Phone:** _____

Address (city, state, zip): _____

Email: _____

Property Owner (if applicable): _____ **Phone:** _____

Address (city, state, zip): _____

I/We, the undersigned, hereby request the Board of Zoning Appeals review the following order, requirement, decision, or determination made by _____ (Planning staff) or the Planning Commission under the provisions of Article 9 of Chapter Eight A of the Code of West Virginia, effective date June 13, 2004 and under the provision of Article 1361 of the City of Huntington Zoning Ordinance, adopted December 14, 1998, as amended.

Decision made by official or Board: _____

Give description of property including District, Tax Map, Parcel, lot number (if applicable), street address and/or other description.

This appeal is requested for the following reasons (state any reason which the Board of Zoning Appeals should be aware of in forming its decision):

(Attach extra pages, if needed, for any additional information)

This Application Must Be Accompanied By:

- Site Plan of Real Estate involved (if applicable): **Drawn to Scale** with scale shown, with the direction of North clearly indicated on the drawing, showing all boundary lines and placement of existing and/or proposed structures, and with all dimensions shown (setbacks, buildings, etc).
- Any and all documentation and evidence to support the request.
- Treasurers Receipt for One Hundred Fifty Dollars (\$160.00) Filing Fee

I/We, the undersigned, am/are aware that a Public Hearing by the Board of Zoning Appeals will be held on the third **Tuesday** of the month, _____ unless otherwise noted. It is my responsibility to attend (or send a representative) to the above meeting to City Hall Council Chambers. The filing deadline for this petition is _____.

Signature of Applicant

Date

****All applications to be submitted must be typed or legibly written in blue or black ink.***

BZA Decision:

FOR OFFICE USE

Received: _____

Staff Initials: _____

Project Number: _____

Meeting Date: _____

- ☐ Approved
- ☐ Denied
- ☐ Approved with conditions

Conditions: _____
