City of Monroe
Appeal Application Form

Applicant's Name: _____

Applicant's Address: _____

Property Owner's Name: _____

Property Owner's Address: _____

For Staff Use Only
Application #:_____
Date Submitted: _____
Approved: _____
Denied: _____

Existing Use of Property: _____

Property Location: _____

Tax Map Number: ____-____-____ Lot Size: _____ Zoning District: _____

Date of Zoning Officer's decision: _____

Summary of Zoning Officer's decision: _____

_____

_____

Reason for appeal of decision: _____

_____

_____

_____

_____
Applicant-Printed

_____ _____
Applicant-Signature Date

_____ _____
Signature of Zoning Officer Date

Revised 8-31-17

FOR STAFF USE ONLY

(PLEASE DO NOT WRITE BELOW THIS LINE)

Adjoining property owners information attached: Yes _____ No _____

Public hearing date: _____

Notice to applicant and adjoining property owners mailed on : _____INT._____

Action taken by the Board of Adjustment: _____

_____

_____

_____

Notification of Action mailed to applicant on: _____