## Town of Richlands Zoning Change & Appeal Form

NAME:	PHONE NO:
MAILING ADDRESS:	
ADDRESS OF PROPERTY ( <b>if different from mailing add</b>	ress):
PROPERTY OWNER (if different from applicant): (Plea	se Print)
	PHONE NO:
MAILING ADDRESS:	
ACTION REQUESTED (Check One):	
<ul> <li>( ) ZONING ORDINANCE TEXT AMENDMENT</li> <li>( ) ZONING MAP AMENDMENT</li> <li>( ) VARIANCE REQUEST</li> <li>( ) SPECIAL USE PERMIT</li> <li>( ) APPEAL OF ADMINISTRATIVE DECISION</li> <li>( ) OTHER</li></ul>	(Required Fee: \$250.00) (Required Fee: \$450.00) (Required Fee: \$250.00) (Required Fee: \$250.00) (Required Fee: \$50.00)
DESCRIPTION OF REQUEST:	
applicant wishing to appeal an administrative decision, requ the Richlands Zoning Ordinance shall pay a nonrefundable for the Richlands Board of Aldermen and listed in the Fee Scher fee, however, shall not apply to requests originating with any	m the property owner or truly represent the property owner(s). I understand that each esting a variance or conditional use permit, or requesting a rezoning or other change to ee to cover the costs of advertising and administration. The fees required are adopted by dule for the Town of Richlands. A receipt of this fee shall be issued by the Town. This department, board or agency of the Town of Richlands.
*	*OFFICIAL USE ONLY**
ZONING OFFICIAL SIGNATURE:	
DATE REQUEST RECEIVED:	
HAS APPROPRIATE FEE BEEN COLLECTED IF REQUI	
PLANNING BOARD / BOARD OF ADJUSTMENT ACT	TION: APPROVE ( ) DENY ( )
SIGNATURE OF ZONING BOARD CHAIR:	DATE: