

BOROUGH OF VERONA APPLICATION OF APPEAL

Applicant/Appellant _____

Applicant's Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

Address of Subject Property _____

City _____ State _____ Zip _____

Applicant's Interest in Subject Property _____

Owner of Property (If Different from Applicant) _____

Address

City _____ State _____ Zip _____

Phone _____ FAX _____

Zoning of Subject Property _____

Present Use of Subject Property _____

Applicant hereby appeals the decision of the Zoning Officer of (date) _____,
regarding _____

Applicant hereby appeals for: () - a variance; () - a special exemption;

() - a Certificate of Nonconformity; () - other

Zoning Ordinance Section being appealed _____

Explain details of appeal _____

