## **CITY OF SPENCER**

## ADMINISTRATIVE REVIEW REQUEST FORM

- 1. This form must be completely filled out before the application will be accepted and placed on the Spencer Board of Zoning Appeals agenda.
- 2. The Board of Zoning Appeals will hold a public hearing on the administrative review request and call a meeting within thirty days of receiving a completed administrative review request form.
- 3. The Board of Zoning Appeals will hear the appeal of any appellant or property owner in regard to a decision by the codes enforcement officer, or any other administrative official of the city in regard to their decision or interpretation regarding the Spencer Zoning Code and/or Map.
- 4. All administrative review requests reviewed by the Board of Zoning Appeals shall be decided within forty-five (45) days of the day of application, with written notice being provided of approval or denial.

PROPERTY OWNER		
NAME:		
ADDRESS:		
PHONE NUMBERS: (WORK) (HOME)		
REPRESENTATIVE (if different from property owner)		
NAME:		
ADDRESS:		
PHONE NUMBERS: (WORK) (HOME)		
PROPERTY DESCRIPTION & LOCATION		
ADDRESS:		
TAX MAP IDENTIFICATION: MAP #:BLOCK #PARCEL #		
SIZE OF PROPERTY (Acreage/square feet)		
ATTACH PROPERTY MAP IF NEEDED		
ZONING (Required):		
CURRENT ZONING CLASSIFICATION:		

## STANDARDS FOR AN ADMINISTRATIVE REVIEW

Under Article VII, Section 5, A., of the Spencer Zoning Code, the Board of Zoning Appeals shall hear and decide appeals where it is alleged by the appellant or property owner that there is error in any order, requirement, permit, decision, determination, or refusal, made by the county's codes enforcement officer, zoning official, or any other administrative official, in carrying out or enforcing any provisions of the county's zoning code, or in the interpretation of the zoning map.

## JUSTIFY YOUR ADMINISTRATIVE REVIEW REQUEST BASED ON STANDARDS OF THE SPENCER ZONING CODE

PROPERTY OWNER SIGNATURE	DATE
REPRESENTATIVE SIGNATURE (if different from property owner)	DATE
YOU ARE REQUESTED TO ATTEND THE F TO ANSWER ANY QUESTIONS CONCERNING YOUR ADM	
For Office Use Only:	
Date Received: By:	
\$100.00 Fee Paid Date Approved	Date Denied
Determination or outcome of the administrative review request	