



Appeal of Zoning Administrator  
 Department of Planning & Zoning  
 143 Third Street, NW, Suite 1  
 Pulaski, VA 24301  
 540-980-7710  
<http://www.pulaskicounty.org>

<b>Applicant:</b>			
<b>Mailing Address:</b>			
<b>Phone:</b>		<b>E-mail:</b>	
<b>Property Owner: (If Different)</b>		<b>Tax Map Number:</b>	
<b>911Address/Site of the appeal subject:</b>		<b>Area or Acreage of Parcel:</b>	
<b>Zone District:</b>	<p><b>What is the appeal for? _____</b>  <b>An appeal must be filed within thirty (30) days of the decision. What is the date of the decision/order? _____</b></p> <p><b>In order to file an appeal, you must be a person affected or aggrieved. Attach a written narrative with the basis of the appeal and how you were affected or aggrieved by the decision.</b></p>		
<b>Appeal Process:</b>	<p><b>A complete application consists of 1) the application form 2) a narrative with the basis for the appeal 3) the application fee. When a completed application is received the Planning Dept. will place the item on the agenda and advertise the public hearing. Board of Zoning Appeals Members may request additional information or visit the site.</b></p> <p><b>The appeal will require a Public Hearing and two (2) published notices will be placed in the paper notifying the public of the hearing date. In addition, notice will be sent to adjoining property owners notifying them of the date of the public hearings. A sign will be posted on the site, notifying the public of the public hearing. The public may submit comments prior to or at the meeting about the appeal.</b></p> <p><b>The landowner or a person representing the appeal is required to attend the Board of Zoning Appeals Meeting. By signing the application, the property owner indicates that they understand the process for appeal.</b></p>		

Pulaski County assumes no legal or financial liability to the applicant or any third party whatsoever by approving the plans associated with this permit. I acknowledge that the information is true.

**Signature (Property Owner):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name (Property Owner):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Received by: _____	Date: _____
Payment Type and Amount: _____	Airport Overlay Review: _____