

**SPALDING COUNTY  
APPEAL OF DECISION OF ADMINISTRATIVE OFFICER  
TO THE BOARD OF APPEALS  
APPLICATION**

**NO.** \_\_\_\_\_

**AGENT/DEVELOPER/CITIZEN  
INFORMATION**

(If not owner)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**APPLICANT IS THE:**

\_\_\_\_\_ Owner's Agent

\_\_\_\_\_ Property Owner

\_\_\_\_\_ Developer

\_\_\_\_\_ Citizen (Other Aggrieved Person)

Present Zoning District(s): \_\_\_\_\_

Land District(s): \_\_\_\_\_

Land Lot(s): \_\_\_\_\_

Acreage: \_\_\_\_\_

Address Of Property: \_\_\_\_\_

Ordinance Section 410 provides that the Board of Zoning Appeals has jurisdiction to hear Appeals from the Administrative Officer or Building Official. Identify the decision you wish to Appeal (include name)

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Your application to Appeal a decision of the Administrative Officer or Building Official must be filed with the Administrative Officer within thirty (30) days of the date of the decision. Please identify the date the decision was made by the Administrative Officer or Building Official and state how the decision made by the Administrative Officer or Building Official you wish to appeal will affect you.

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Signature(s):

\_\_\_\_\_  
Agent/Developer/Citizen

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Amount Of Fee: \_\_\_\_\_

Received By: \_\_\_\_\_

Receipt Number: \_\_\_\_\_