

**Application for APPEAL under the regulations of the Woodford County  
Zoning Ordinance**

# **NOTICE OF APPEAL**

DATE \_\_\_\_\_ CASE # \_\_\_\_\_

**Applicant**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-mail \_\_\_\_\_

Signature \_\_\_\_\_

Person or entity aggrieved (if different than applicant). \_\_\_\_\_

- A. Specify, in detail, “the order, requirement, interpretation, decision, or determination by the Zoning Administrator” that is being appealed; and attach all accompanying documents.**

---

---

---

I (we) certify that this Appeal will conform to the standards for Appeals in the Woodford County Zoning Ordinance, and that all of the above statements and the information contained in any attachments, documents or plans submitted herewith are true to the best of my (our) knowledge and belief.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**FOR OFFICIAL USE ONLY**

FILING FEE \$ \_\_\_\_\_

RECEIPT # \_\_\_\_\_

PUBLICATION COST \$ \_\_\_\_\_

RECEIPT # \_\_\_\_\_

HEARING DATE \_\_\_\_\_

DECISION DATE \_\_\_\_\_