



Appeal to the Board of Adjustment Application

Please complete and attach Form No. 133, Board of Adjustment Appeal Supplementary Questionnaire.

Location of the property that is the subject of the appeal (if applicable)		
Summation and explanation of the appeal:		
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Has the City issued a Notice of Violation? Yes: _____ No: _____ If yes, please attach a copy of the notice/letter.		
Name of person appealing		
Mailing Address	Phone Number	
City, State, Zip Code	Fax Number	
Physical location/address (if different than mailing address):		
Name of representative of person appealing (if applicable)		
Mailing Address	Phone Number	
City, State, Zip Code	Fax Number	
<i>As provided in the City of Chandler Zoning Ordinance, I appeal the action of the Zoning Administrator. In making this appeal, I understand that the mere filing of this appeal and payment of fees does not entitle me to the relief requested.</i>		
Signature of person/person's representative appealing	Date	Fee
For City Use		
Date Filed	Development No.	Case Planner