

Town of LeRay
ZONING BOARD OF APPEALS
INTERPRETATION APPLICATION

OFFICE USE ONLY

Application Fee: \$100.00
Receipt Number:
Date of Application:
Date of First Action:
Date of Public Hearing:
Date of Final Action:
Date of Filing of Decision with the
Municipal Clerk:

Instructions: Fully complete this application. The application along with the fee, shall be filed with the Town Clerk.

Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

The Zoning Board of Appeals has the power to interpret the Ordinance text and map in the administration of the Zoning Ordinance as to the meaning and intent of the Zoning Ordinance.

Date of Decision of or Denial by Administrative Official or Board: _____

Action of Administrative Official or Board Taken: _____

Request for Interpretation of **Article** _____ **Section** _____ **Paragraph** _____

Title of Code Provision _____

State Specific Question: _____

Signature of Applicant: _____

Date: _____