

**CITY OF BEATRICE**  
Building Inspection Department  
205 North 4th Street  
Beatrice, Nebraska 68310  
(402) 228-5250 phone  
(402) 228-5252 fax  
inspections@beatrice.ne.gov

**Board of Adjustment**  
**APPEAL**  
**APPLICATION**  
Planning and Zoning Ordinance  
Article Thirteen (13)  
Section 1308

Review No. \_\_\_\_\_



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**Applicant's Contact Information**

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Name (s)

Address

Phone

Email

**Applicant Information:** Appeals shall be made to the Board of Adjustment within thirty (30) days of the cause of the appeal through the office of the Building Official in written form as determined by the Building Official. The Board shall fix a reasonable time for the hearing of the appeal and shall decide the appeal within 30 days of the date of the public hearing. An appeal stays all proceedings in furtherance of the action, unless the Building Official certifies to the Board that by reason of the facts stated in the certificate, a stay would, in his/her opinion, cause imminent peril to life or property. In such cases, proceedings shall not be stayed otherwise than by a restraining order which may be granted by the Board of Adjustment or by the District Court on notice to said officer and on due cause shown.

**A. Proposed Building Project:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Legal Description of Property:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**C. Applicant Signature(s):**

I/We, \_\_\_\_\_, declare under penalties of perjury that I/we have examined this appeal and to the best of my/our knowledge and belief, it is correct and complete.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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**OFFICE USE ONLY**

**Application Fee:** \$100.00 **Date Paid** \_\_\_\_\_ **Date Posted** \_\_\_\_\_ **Hearing Date** \_\_\_\_\_

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application Reviewed by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Board of Adjustment Decision**

During a hearing on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the Board of Adjustment voted to:  
 **Approve**  **Deny** this Appeal Application.

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Board of Adjustment Chairman** \_\_\_\_\_ **Date** \_\_\_\_\_

