

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. _____



Applicant's Contact Information

Name (s)	**Office Use Only**
Address	
Phone	
Email	
	Rec'd by _____
	Zone _____ Notice (Dates):
	Fee \$ _____ Published _____
	Rec'd _____ Posted _____
	Hearing _____

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: _____

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**

OFFICE USE ONLY

Application Fee: \$25.00 **Date Paid** _____ **Date Posted** _____ **Hearing Date** _____

Planning & Zoning Commission Recommendation: Date Approved _____ **Date Denied** _____

Comments _____

Reviewed by _____ **Date** _____

Planning & Zoning Commission Recommendation

During a hearing on the _____ day of _____, 20____ the Planning and Zoning Commission voted:
 Recommend Approval **Recommend Denial** of this Rezoning Application to the City Council.

Comments: _____

Planning & Zoning Chairman _____ **Date** _____

City Council Recommendation

During a hearing on the _____ day of _____, 20____ the City Council voted to:
 Recommend Approval **Recommend Denial** of this Rezoning Application.

Comments: _____

Mayor _____ **Date** _____

Attest:

Erin Saathoff, City Clerk