



**APPLICATION FOR APPEAL  
BOARD OF ADJUSTMENTS  
Thibodaux, Louisiana**

Application No. \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

The undersigned requests review of the decision by the Zoning Administrator of application for building permit # \_\_\_\_\_, denied (issued) on \_\_\_\_\_, 20\_\_\_\_. It is the applicant's contention that the following error was made in the determination of the Zoning Administrator:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Appellant

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(For Official Use Only)

Date Filed: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Date of Notice to Parties of Interest: \_\_\_\_\_

Date of Notice in Newspaper: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

Decision of Board of Adjustments: Approved \_\_\_\_\_ Denied \_\_\_\_\_

If approved the following conditions and safeguards were prescribed:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

If denied, reason for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: One (1) copy to be filed with the Zoning Administrator and two (2) copies with the Board of Adjustments.

Date: \_\_\_\_\_

\_\_\_\_\_  
Chairman – Board of Adjustments