



**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

(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