



CITY OF PINE BLUFF, ARKANSAS

Appeal of Zoning Official's Decision

Application

Please fill out this form completely, supplying all necessary information and documentation to support your request. Your application will not be placed on the Board of Zoning Adjustment agenda until this information is provided.

Business Name & Nature of Business (If applicable): _____

Property Location: (address or lot, block, or nearest intersection) _____

Property/Parcel ID No. _____ Current Zoning: _____

Lot Frontage _____ (feet) Lot Dept _____ (feet) Square Footage/Acres _____

Number of Existing Buildings _____ Use of Buildings: Residential Commercial Industrial

Applicant / Business Owner

Property Owner (Must be filled out if different)

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Fax: _____

Fax: _____

Briefly explain appeal: _____

Does the property have restrictive covenants? _____ (If yes, attach a copy of covenants)

Are there any special licenses for your business? _____ (Explain) _____

Has any zoning action /request been previously been made for this property: _____

Applicant / Business Owner Signature

Date

PROPERTY OWNER(S) / AUTHORIZED AGENT CERTIFICATION: I (We), the undersigned, hereby certify under penalty of perjury that I (we) are the owner(s) of the property that is the subject of this application and I (we) have read this application and consent to its filing. (If signed by the authorized agent, a letter from each property owner must be provided indicating that the agent is authorized to act on his/her behalf.)

Signature _____ Date _____

Signature _____ Date _____

Printed Name _____

Printed Name _____

Owner _____ or Authorized Agent _____
(Check one)

Owner _____ or Authorized Agent _____
(check one)

Submission Deadline: _____ Expected Planning Commission Meeting Date: _____

• **SEE REVERSE SIDE FOR SUBMISSION REQUIREMENTS** •

It is our intention to assist you in making your project a success in a timely manner. Please call if you have any questions or need assistance from the City of Pine Bluff Inspection & Zoning Department, 200 E. 8th Avenue, Pine Bluff, AR 71611 Tel: (870)730-2020 fax: (870) 730-2170.

ITEMS REQUIRED WITH SUBMITTAL

The following items must be received with returned application:

Submit a scaled graphic representation of what is proposed and a letter to the Board of Zoning Adjustments explaining why the zoning official is inappropriate. The graphic representation shall include the following:

1. The location, size of land and use of existing buildings.
2. The location, size and arrangement of parking space, loading space, driveways and street access;
3. The uses of adjoining property;
4. Scale, north arrow and vicinity map; and
5. Any additional information needed by staff because of conditions peculiar to the development.
6. A description of the current use of the property and reason for the request.

Other supporting documentation required with a returned application:

7. **Property Summary sheet** for the subject property. These may be obtained from the Real Estate Division of the Jefferson County Assessor's Office, Jefferson County Courthouse, Barraque & Main Street, Pine Bluff, AR.

FOR OFFICE USE ONLY

(Must be completely filled out by Zoning Office staff prior to Planning Commission hearing)

APPLICATION FEE: Appeal of Zoning Official's Decision - \$60.00

\$ _____ Date _____ Rec'd by _____
Amount Paid

All Property Summary Sheets received? _____ Notice submitted to newspaper? _____

Stamped, Addressed Notices received? _____ Property posting date: _____

Hearing Notice date: _____ Property Posting Photos in file? _____

Authorized Agent Letters Received from **ALL** Property Owners? *(if applicable)* _____