



# CITY OF PINE BLUFF, ARKANSAS

## Appeal of Zoning Administrator'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. 8<sup>th</sup> Avenue, Pine Bluff, AR 71611 Tel: (870)543-1845 fax: (870) 543-1854.*

**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 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 Administrator's Decision - \$50.00

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

All Property Summary Sheets received? _____	Notice submitted to newspaper? _____
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Stamped, Addressed Notices received? _____	Property posting date: _____
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Hearing Notice date: _____	Property Posting Photos in file? _____
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Authorized Agent Letters Received from **ALL** Property Owners? *(if applicable)* \_\_\_\_\_