



COCHISE COUNTY COMMUNITY DEVELOPMENT

"Public Programs...Personal Service"

APPEAL TO THE BOARD OF ADJUSTMENT

DESIRING A REVIEW OF THE INTERPRETATION OF THE TERMS OF THE COCHISE COUNTY ZONING REGULATIONS RENDERED BY THE COUNTY ZONING INSPECTOR TO THE HONORABLE BOARD OF ADJUSTMENT DISTRICT _____.

I (We) the undersigned, hereby appeal to the Cochise County Board of Adjustment District _____ to review the decision of the County Zoning Inspector.

State the decision of the Zoning Inspector, the action that has been taken, and the grounds for appeal. Attach additional sheets if needed.

Parcel Number of the subject property: _____

Address of the subject property: _____

We the undersigned hereby certify and declare that to the best of my/our knowledge and belief, the data submitted on and attached to this form is true and correct.

Print Name of Appellant (s): _____

Signature of Appellant (s): _____

Date: _____

Mailing Address of Appellant (s): _____

Phone Number of Appellant (s): _____

EMAIL Address of Appellant (s): _____

Note: Each application shall be accompanied by a check in the amount of \$150 payable to the Cochise County Treasurer. Return application to the Cochise County Planning Department, 1415 Melody Lane, Building E, Bisbee, Arizona 85603.