

Town of LeRay
ZONING BOARD OF APPEALS
INTERPRETATION APPLICATION

OFFICE USE ONLY
Application # I-_____
Application Fee: _____ \$100.00
Date Application Paid: _____
Date of Application: _____
(Postmark or Hand Delivered)
Date of Public Hearing: _____
Date of Final Action: _____
Date of Filing of Decision with the Municipal Clerk: _____

Instructions: Fully complete this application. The application along with the fee, shall be filed with the Town Clerk.

Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

The Zoning Board of Appeals has the power to interpret the Ordinance text and map in the administration of the Zoning Ordinance as to the meaning and intent of the Zoning Ordinance.

Date of Decision of or Denial by Administrative Official or Board: _____

Action of Administrative Official or Board Taken: _____

Request for Interpretation of **Article** _____ **Section** _____ **Paragraph** _____

Title of Code Provision _____

State Specific Question: _____

Signature of Applicant: _____

Date: _____