

TOWN OF HILLIARD
ZONING AND LAND DEVELOPMENT REGULATIONS SECTION 62-95:
APPEAL TO PLANNING AND ZONING BOARD

DATE APPEAL FILED: _____

PERMIT APPLICATION NUMBER: _____ (Copy Attached)

Name and Address of Appellant: _____
(Person Appealing) _____

Phone Number of Appellant: _____

Legal Description: Lot: _____ Block: _____ Subdivision: _____

Plat Book: _____ Page: _____ Property ID Number: _____

Other: _____

Location: On the (North/South/East/West) side of _____ (Street/Avenue)
between _____ (Street/Avenue) and _____ (Street/Avenue)

Zoning Classification: _____

Section of the Zoning Code that authorized this decision: _____

General description of the effect and details of desired action: _____

Supporting data that should be considered by the Zoning Board in making a decision: _____

TOWN OF HILLIARD
ZONING AND LAND DEVELOPMENT REGULATIONS SECTION 62-96:
APPEAL ZONING BOARD DECISION TO TOWN COUNCIL

You must attach to this form a list of all the names and addresses of all property owners within 300 feet of the parcel upon which the appeal is being requested. Name and Addresses of property owners may be obtained from the Nassau County Property Appraiser's Office, or from their website – www.nassauflpa.com.

Additional Statements: _____

In filing this Appeal, the undersigned understands that it becomes a part of the Official Records of the Town of Hilliard, and the undersigned certifies that all information contained herein is true to the best of their knowledge.

Signature of Appellant: _____

Signature of Agent: _____

Address of Agent: _____

Phone No. of Agent: _____