

I hereby certify that all information contained herein is true and correct, and that all submission requirements have been met.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S NAME: _____ PHONE: _____

ADDRESS: _____

OFFICE USE

This application for an Administrative Appeal is hereby:

Approved [☐] Disapproved [☐] Conditionally Approved [☐]

based on the Board of Adjustment's action on _____.
(DATE)

DIRECTOR OF DEVELOPMENT SERVICES

DATE

INSTRUCTIONS FOR ADMINISTRATIVE APPEAL

SUBMISSION REQUIREMENTS:

Submit completed application at least 21 days prior to the Board of Adjustment meeting date along with the prescribed fee of \$69.59.

The Board of Adjustment meets the _____
in the Council Chambers, City Hall, 501 Sheppard Road,
Burkburnett, Texas 76354.

IF YOU HAVE FURTHER QUESTIONS, PLEASE CALL THE DEVELOPMENT SERVICES DEPARTMENT
(940) 569-2263