TORRANCE COUNTY ZONING ACTION

Application for Zoning Appeal

Date Issued _____

Issued by _____

Date Received _____

Received by _____

Appellant: _____ Phone _____

Mailing Address: _____

Agent (if any): _____ Phone _____

Mailing Address: _____

Reason for Appeal (Use additional sheets if necessary): _____

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Signature: _____ Date: _____

INSTRUCTIONS: Submit **nine (9)** copies of the appeal form and filing fee to the County Zoning Officer within **fifteen (15)** days after a determination is made which is the subject of the appeal. Public Notice must be given by legal advertisement prior to the hearing. The appeal shall be decided by the Board of County Commissioners within thirty (30) days after the date of filing.