



Hearing Deadline: _____
Hearing Date: _____

Case No.: _____
Date Filed: _____

Appeal No. _____ From the Decision of the Planning Director

This application must be typewritten, or legibly handwritten (printed), and filed in triplicate.
The application and filed with the Kanawha County Planning Development Office, 407 Virginia Street,
Charleston, West Virginia, 25330

The Board of Appeals shall hear and determine appeals from and review any, requirement, decision or determination made by an administrative official charged with the enforcement of this ordinance.

Applicant:

Name (please print)

Address Zip Code

Applicable Sections of the Zoning Ordinance:

Please attach separately or write below the justification for this appeal.

The undersigned applicant hereby applies for an appeal and agrees to comply to all conditions set forth in this application.

Applicant:

Signature

Date

Phone Number

Note: Any Additional information which the applicant wishes to submit to support this application may be attached

Do not Write Below Line - For Office Use Only

Action:

Board of Appeals: Date of Action: _____

Approved _____ Rejected _____

Planning Official

Signature and Title