

COCHISE COUNTY COMMUNITY DEVELOPMENT

"Public Programs...Personal Service"

APPEAL TO THE BOARD OF ADJUSTMENT

DESIRING A REVIEW OF THE INTERPRETATION OF THE TERMS OF THE COCHISE COUNTY ZONING REGULATIONS RENDERED BY THE COUNTY ZONING INSPECTOR
TO THE HONORABLE BOARD OF ADJUSTMENT DISTRICT
I (We) the undersigned, hereby appeal to the Cochise County Board of Adjustment District to review the decision of the County Zoning Inspector.
State the decision of the Zoning Inspector, the action that has been taken, and the grounds for appeal. Attach additional sheets if needed.
Parcel Number of the subject property:
Address of the subject property:
We the undersigned hereby certify and declare that to the best of my/our knowledge and belief, the data submitted on and attached to this form is true and correct.
Print Name of Appellant (s):
Signature of Appellant (s):
Date:
Mailing Address of Appellant (s):
Phone Number of Appellant (s):
EMAIL Address of Appellant (s):
Note: Each application shall be accompanied by a check in the amount of \$150 payable to the Cochise County Treasurer. Return application to the Cochise County Planning Department, 1415 Melody Lane Building E, Bisbee, Arizona 85603.