



APPLICATION FOR AN  
APPEAL TO THE  
BOARD OF ZONING  
APPEALS

Planning and Zoning  
City of Nitro  
P.O. Box 803  
Nitro, WV 25143

(304)755-0702, ext 201

**Applicant Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

Email: \_\_\_\_\_

**Property Owner (if applicable):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

I/We, the undersigned, hereby request the Board of Zoning Appeals review the following order, requirement, decision, or determination made by the Zoning Official or the Planning Commission under the provision of §152.007 BOARD OF ZONING APPEALS of the City of Nitro Zoning Ordinance, (Ord. 08-02, passed 2-19-2008; Ord. passed 2-2-2010).

Decision made by official or Board: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give description of property including District, Tax Map, Parcel, lot number (if applicable), street address and/or other description.

\_\_\_\_\_  
\_\_\_\_\_

This appeal is requested for the following reasons (state any reason which the Board of Zoning Appeals should be aware of in forming its decision):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach extra pages, if needed, for any additional information)

This Application Must Be Accompanied By:

- Site Plan of Real Estate involved (if applicable): **Drawn to Scale** with scale shown, with the direction of North clearly indicated on the drawing, showing all boundary lines and placement of existing and/or proposed structures, and with all dimensions shown (setbacks, buildings, etc).
- Any and all documentation and evidence to support the request.
- Receipt for One Hundred Dollars (\$100.00) non-refundable filing fee.

I/We, the undersigned, am/are aware that a Public Hearing by the Board of Zoning Appeals will be held on \_\_\_\_\_. It is my responsibility to attend (or send a representative) to the above meeting to City Council Chambers. The filing deadline for this petition is \_\_\_\_\_.

<p><b>FOR OFFICE USE</b>  Received: _____  Staff Initials: _____  Project Number: _____  Meeting Date: _____</p>
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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*\*All applications to be submitted must be typed or legibly written in blue or black ink.*

**FOR OFFICE USE ONLY**

Date of Decision: \_\_\_\_\_

- Upheld
- Overturned

Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_