

Case No: ZBA _____

APPLICATION FOR HEARING BEFORE
THE BOARD OF ADJUSTMENT OF THE CITY OF ADA, OKLAHOMA

APPEAL FROM DECISION BY CITY INSPECTOR

APPELLANT INFORMATION

Name: _____

Address: _____

Telephone: _____ Email: _____

CIB License Number (if applicable): _____

APPEAL SITE INFORMATION

Site Address: _____

Property Owner Name: _____

Address: _____

Telephone: _____ Email: _____

DATE OF INSPECTOR'S DECISION: _____

Appeal must be made within 30 days of decision per City of Ada Ordinances §58-99.

INSPECTOR'S NAME: _____

DECISION OF THE INSPECTOR

State the specific decision and associated ICC Building Codes and/or City of Ada Ordinances:

(If additional space is required, attach page(s) to this form.)

REASON FOR APPEAL

State specifically how the inspector's decision or interpretation of regulations is in error:

(If additional space is required, attach page(s) to this form.)

No member of this Board will listen to any person interested in any case pending before the Board at any time except at the regular hearings. This Board is a court, constituted as such by law, and the members are the judges. Any attempt to violate this rule will be frowned upon by the member so approached and such violations may lead to disqualification of such member in the hearing with resultant delay in a decision. It is also a violation of the law to attempt to influence a judicial officer in any way except in the regular manner in the hearing of a case in open court.

We do hereby attest that the above information reflects a true and accurate statement of conditions and intentions to the best of our knowledge.

SIGNATURE OF APPLICANTS

DATE

Subscribed and sworn to before me this _____ day of _____, 20__.

My Commission Expires

Notary Public

An application filing fee in the amount of \$200 has been paid in the office of the City Clerk of Ada, Oklahoma.

City Clerk / Deputy City Clerk

Date