CITY OF DULUTH
APPLICATION FOR APPEAL

Received Date: _____ Meeting Date: _____

Applicant _____

Applicant's Address _____

_____

Applicant's Telephone No. _____ Fax No. _____

Present Zoning: _____

Location of property: _____

Reason for Appeal: _____

_____

_____

_____

_____

_____

Decision Being Appealed: _____

_____

_____

_____

_____

_____

Adjacent Zonings and Uses: North: _____

South: _____

East: _____

West: _____

I hereby certify that the above information and all attached information is true and correct.

_____

Signature of Applicant Date