

CITY OF MCMINNVILLE
ADMINISTRATIVE REVIEW REQUEST FORM

1. This form must be completely filled out before the application will be accepted and placed on the City of McMinnville Board of Zoning Appeals agenda.
2. The Board of Zoning Appeals will hold a public hearing on the administrative review request and call a meeting within thirty days of receiving a completed administrative review request form. The board meets and holds public hearings in the council room on the second floor of McMinnville City Hall.
3. The Board of Zoning Appeals will hear the appeal of any appellant or property owner in regard to a decision by the codes enforcement officer, or any other administrative official of the county in regard to their decision or interpretation regarding the City of McMinnville Zoning Code and/or Map.
4. All administrative review requests reviewed by the Board of Zoning Appeals shall be decided within forty-five (45) days of the day of application, with written notice being provided of approval or denial.

PROPERTY OWNER

NAME: _____

ADDRESS: _____

PHONE NUMBERS: (WORK) _____ (HOME) _____

REPRESENTATIVE (if different from property owner)

NAME: _____

ADDRESS: _____

PHONE NUMBERS: (WORK) _____ (HOME) _____

PROPERTY DESCRIPTION & LOCATION

ADDRESS: _____

TAX MAP IDENTIFICATION: MAP #: _____ GROUP # _____ PARCEL # _____

SIZE OF PROPERTY (Acreage/square feet) _____

ATTACH PROPERTY MAP IF NEEDED

ZONING (Required):

CURRENT ZONING CLASSIFICATION: _____

STANDARDS FOR AN ADMINISTRATIVE REVIEW

Under Title 14, Chapter 7, Section 14.708.1, of the City of McMinnville Zoning Code, the Board of Zoning Appeals shall hear and decide appeals where it is alleged by the appellant or property owner that there is error in any order, requirement, permit, decision, determination, or refusal, made by the county's codes enforcement officer zoning official, or any other administrative official, in carrying out or enforcing any provisions of the county's zoning code, or in the interpretation of the zoning map.

JUSTIFY YOUR ADMINISTRATIVE REVIEW REQUEST BASED ON STANDARDS OF THE CITY OF MCMINNVILLE ZONING CODE

 PROPERTY OWNER SIGNATURE DATE

 REPRESENTATIVE SIGNATURE (if different from property owner) DATE

YOU ARE REQUESTED TO ATTEND THE PUBLIC HEARING TO ANSWER ANY QUESTIONS CONCERNING YOUR ADMINISTRATIVE REVIEW REQUEST

For Office Use Only:

Date Received: _____ By: _____

\$50.00 Fee Paid _____ Date Approved _____ Date Denied _____

Determination or outcome of the administrative review request
