

**CITY OF MAGEE, MISSISSIPPI
APPLICATION FOR ZONING ACTION:
ADMINISTRATIVE REVIEW, SECTION 2513**

TYPE OF ZONING ACTION REQUESTED: ADMINISTRATIVE REVIEW

DATE: _____

Name of Applicant: _____

Address of Applicant: _____

Telephone: _____

Email address: _____

Property Address (if applicable): _____

Name of Attorney or Representative (if applicable): _____

Legal Description of Property (if applicable): _____

(attach additional pages if necessary)

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ADMINISTRATIVE REVIEW:

The Zoning Board/Planning Commission may hear and decide appeals where there is an alleged error in any order, requirement, decision, or determination made by the Zoning Administrator in the enforcement of the Zoning Ordinance. The applicant for Administrative Review must provide, in the space below or attachments hereto, the following:

1. The section of Zoning Ordinance that is in question
2. The basis for the appeal
3. A copy of the Zoning Administrator's order, request, requirement, decision, or determination being appealed

Further, the applicant must file this request with the City Clerk at least one (1) week preceding any regularly scheduled meeting of the Zoning Board/Planning Commission.

APPLICANT SIGNATURE: _____

STATE OF MISSISSIPPI, COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME,

This the ____ day of _____, _____.

NOTARY PUBLIC: