

**INSTRUCTIONS FOR MAKING APPLICATION
FOR APPEALS OF ADMINISTRATIVE ACTION
OR INTERPRETATIVE REQUESTS**

1. The owner or authorized agent is required to file the application in the Department of Planning and Development, 723 West Markham, Little Rock, Arkansas; 371-4790. The following document is to be submitted at the time of filing.

A cover letter detailing the applicant's proposal and providing his purpose and reasons for requesting administrative appeal or an interpretation from the requirements of the Zoning Ordinance. Said letter shall be in sufficient detail that the Board of Adjustment can determine whether the request is necessary or warranted.

2. Ordinance interpretation requires payment of a filing fee not later than the published docket closing date. Said fee is established by the City's adopted Fee Ordinance and is \$50.00 for administrative appeals and interpretations.
3. The applicant or his representative must be present at the meeting at which the request is to be considered and be prepared to respond to questions from the Board of Adjustment concerning the request. Failure to do so will result in automatic deferral of the request or possible withdrawal of the item from the agenda.

APPLICATION FOR ACTION ON ADMINISTRATIVE APPEALS OR INTERPRETATIVE REQUESTS

Board of Adjustment Meeting Date Docket For: _____, 20____,
at _____ P.M.

Application is hereby made to the Little Rock Board of Adjustment pursuant of Act 186 of 1957, Acts of Arkansas, as amended, and Chapter 36 of Little Rock, Arkansas Rev. Code (1988), as amended, requesting review of administrative action or interpretation on the following described issue:

Address: _____

Title to the property is vested in:

Name: _____

Address: _____

Telephone: _____

Subject property is zoned: _____

Administrative Action or Interpretation At Issue:

If property is involved answer the following:

Present Use of Property: _____

Proposed Use of Property: _____

It is hereby agreed that the required filing fee will be paid immediately after filing and acceptance of this application.

Applicant (owner or authorized agent):

Name: _____

Address: _____

Telephone: (Business)_____ (Home)_____

Email: _____

Board of Adjustment Decision or Ruling: _____

Signature of Board Secretary or Authorized Agent:

Filing fee: _____

[Collector's Stamp Here]