



THE  
**CITY of PELLA**  
BOARD OF ADJUSTMENT APPEAL

**To the Chairperson, Board of Adjustment of the City of Pella, Iowa:**

You are hereby notified that the undersigned owner (s) of the following described property situated in the City of Pella, Iowa, do(es) hereby appeal the denial by the Building Official of Pella, Iowa, of their application for a building permit filed with said Building Official on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Legal Description of Property: \_\_\_\_\_  
\_\_\_\_\_

Street Address: \_\_\_\_\_

Description of appeal: (seeks permission to:) \_\_\_\_\_  
\_\_\_\_\_

The variance requested involves the provisions of the following noted Zoning Ordinance(s) of the City of Pella:

Section: \_\_\_\_\_ Provision Description: \_\_\_\_\_  
Section: \_\_\_\_\_ Provision Description: \_\_\_\_\_

Attached hereto and made a part of this appeal are the following submitted documents:

- 1) Description of decision of Zoning Administrator on which appeal is based.
- 2) A typewritten testimony of the evidence and principal points on which the appeal is based including a description of proposed work. Attach any affidavit of persons knowing material facts if applicable. State your reasons why an appeal should be granted. Explain in detail what hardships are imposed upon your present situation that constitute grounds for a variation to the City of Pella Zoning Ordinance for the property described above.
- 3) A letter of authorization from owner or lessee of property approving appeal.

(Note - all of the above documents must be submitted with the application for appeal.)

Wherefore, the undersigned request that the Board of Adjustment fix the date and place for a hearing upon this appeal and application for variation and that upon said hearing the decision of the Building Official be reversed or revised and that the variation applied for be granted and that the issuance of said building permit be ordered. I further hereby certify that all the above statements and the statements contained in the submitted papers attached herewith are correct, factual and true.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant Signature: \_\_\_\_\_

Please refer to the informational flyer **Board of Adjustment Information** which states conditions required to apply for an appeal and details the conditions that will govern consideration of such an appeal. Your appeal must meet the requirements noted in the informational flyer.

Date hearing advertised: \_\_\_\_\_ Date of hearing: \_\_\_\_\_

Appeal:

- Granted:  
 Denied: