



For Office Use Only:
Application No.: _____
Date Received: _____

CITY OF JOHNSTON

Date: _____

APPLICATION TO APPEAL DECISION OF ZONING ADMINISTRATOR

IS HEREBY REQUESTED BY:

NAME/FIRM/CORPORATION

STREET CITY STATE ZIP

PHONE FAX

EMAIL

FOR PROPERTY LOCATED AT: _____

LEGALLY DESCRIBED AS: _____

Describe or provide evidence of decision being appealed: _____

PRIMARY CONTACT, IF DIFFERENT FROM APPLICANT:

NAME

ADDRESS

PHONE

FAX

EMAIL

Signature of Appellant: _____

A filing fee of \$50.00 (payable to the City of Johnston) and all supporting information needed to illustrate the request must accompany the application.