APPLICATION FOR APPEAL
BOARD OF ZONING APPEALS
WHEELING, WEST VIRGINIA

1. NAME OF APPLICANT _____
2. MAILING ADDRESS _____
3. PHONE NUMBER: Home _____ Business _____

The undersigned requests review of the decision by the Zoning Officer on _____, _____. It is the applicant's contention that the following error was made in the determination of the Zoning Officer:

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APPELLANT DATE