

**RADCLIFF BOARD OF ADJUSTMENT**  
**ADMINISTRATIVE APPEAL APPLICATION**

City of Radcliff Planning Department  
411 West Lincoln Trail Blvd., P. O. Box 519  
Radcliff, KY 40159-0519  
270-351-1875



**The following item(s) are to be submitted along with this application:**

- A review fee of \$150.00, payable to the City of Radcliff, of which no part is refundable to the applicant.

Applicant's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Please provide information concerning the specific official action, order, requirement, interpretation, grant, refusal or decision of any zoning enforcement officer which is being appealed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give the name and title of the administrative official whose official action, order, requirement, interpretation, grant, refusal or decision is being appealed: \_\_\_\_\_

Please state the date and manner in which you received notice of the official action, order, requirement, interpretation, grant, refusal or decision of any zoning enforcement officer which is being appealed: \_\_\_\_\_

Please state the manner in which you have been injuriously affected or aggrieved by the official action, order, requirement, interpretation, grant, refusal or decision of any zoning enforcement officer under appeal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any documents which you feel should be reviewed by the Board in consideration of this appeal:

\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Received by: \_\_\_\_\_ Date of Filing: \_\_\_\_\_

Review Fee: \_\_\_\_\_ Date Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Date of Action: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Board Chair: \_\_\_\_\_